PIGLETS PRE-SCHOOL ENQUIRY FORM

Child known as Gender Date of Birth / /

9 months - 15/18 months 15/18 months - 2 years 2 – 3 years 3 - 4 years *(please circle room required)*

Parent Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please state when place required from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of child (Inc. middle name)

Please tick the days and sessions you would like your child to attend

Please circle if you intend for your child to attend either:

Term-Time (38 weeks) or Full Time (47 weeks)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **8am-5pm** |  |  |  |  |  |
| **8am-3.30pm** |  |  |  |  |  |
|  |  |  |  |  |  |
| **9am – 5pm** |  |  |  |  |  |
| **9am-3.30pm** |  |  |  |  |  |
|  |  |  |  |  |  |

Piglets Pre-school Manager/Owner Sarah Bettinson sarah@pigletspreschool.co.uk

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Deputy*/*Admissions Sharon Voden

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