



# Application Form

|                      |  |
|----------------------|--|
| Name of child        |  |
| Date of birth        |  |
| Name(s) of parent(s) |  |
| Address of Parent(s) |  |
| Telephone            |  |
| E-mail               |  |

|  |
|--|
| <p>I/We would like ..... to start attending at this setting (eligible from age 2)</p> <p style="text-align: center;"><input type="checkbox"/> as soon as possible</p> <p style="text-align: center;"><input type="checkbox"/> from .....(date)</p> |
| <p>On which day(s) do you require a session?</p> <p>Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Fridays <input type="checkbox"/></p>                     |
| <p>If we find we no longer require the place, we will inform the setting as soon as possible.</p> <p>Signature of parent(s) .....</p> <p style="text-align: center;">.....</p> <p>Date .....</p>   |

|  |  |
|--|--|
| <b>For Pre-School use only: Admissions</b>   |  |
| Application received on:   |  |
| A place will be available at the start of ..... term or .....  |  |
| Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Fridays <input type="checkbox"/> |  |

**Please return this form to the Allocations Secretary, The Cygnets, Milton Pre-School, Community Centre Annexe, Coles Road, Milton, CB24 6BL.**