



4.2 Application to join Gorran Pre-School Hoglets

Name of child _____ Date of birth _____

Name(s) and address(es) of parent(s) making the application:

Postcode	Tel.	Postcode	Tel.

I/We would like _____ to start attending at this setting

*as soon as possible; or from _____ (date)

We would like our child to attend on the following days/sessions:

*Monday am / pm; Tuesday am / pm; Wednesday am / pm; Thursday am / pm; Friday am.

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

--	--