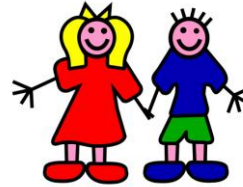


Scotby Pre-School
Application Form



Child's Details

Name of child

Gender

Date of Birth

Parent(s) name(s) and Address

Tel No

I would like my child to attend Scotby Pre-School from. Date:

For current session fees, please call the Pre-School on 07751987135.

15 hours nursery grant available in the term after your child turns 3.

The sessions I would like my child to attend are (please select)

MORNINGS

- | | | |
|----------|----------------------|--------------------------|
| Mon | 9.00 am - 12.00 noon | <input type="checkbox"/> |
| Tues | 9.00 am - 12.00 noon | <input type="checkbox"/> |
| Wed | 9.00 am - 12.00 noon | <input type="checkbox"/> |
| Thursday | 9.00 am - 12.00 noon | <input type="checkbox"/> |
| Fri | 9.00 am - 12.00 noon | <input type="checkbox"/> |

AFTERNOONS

- | | | |
|-------|----------------------|--------------------------|
| Tues | 12.00 noon - 3.00pm | <input type="checkbox"/> |
| | 1.00 pm - 3.00 pm | <input type="checkbox"/> |
| Thurs | 12.00 noon - 3.00 pm | <input type="checkbox"/> |
| | 1.00 pm - 3.00 pm | <input type="checkbox"/> |
| Fri | 12.00 noon - 3.00pm | <input type="checkbox"/> |
| | 1.00 pm - 3.00 pm | <input type="checkbox"/> |

FULL DAYS

- | | | |
|-------|-------------------|--------------------------|
| Tues | 9.00 am - 3.00 pm | <input type="checkbox"/> |
| Thurs | 9.00 am - 3.00 pm | <input type="checkbox"/> |
| Fri | 9.00 am - 3.00 pm | <input type="checkbox"/> |

If we find we no longer require the place we will inform the Pre-School as soon as possible.

Signature of parent(s)

Date