



REGISTRATION FORM

Child's Name:

Child's Address:

..... Post Code:

Telephone No:.....

Date of Birth:

Email Address:.....

Please indicate preferred sessions:

.....

By signing this form, you are consenting to Shaw Village Pre School holding and processing your data and sending you information.

Signed:

Date:

Where did you hear about our Pre School? (e.g. recommendation/poster/internet)

.....

Please return the form to the Pre School in person, email or by post to the address shown at the bottom of the letter.

On receipt of this form your child will be added to our waiting list. Your child will be allocated a place the term before they are due to start, so please do not expect to hear anything before then. However, if you have any queries please do not hesitate to contact us on the above number or visit the Pre School.