

Trinity Pre-school

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Vicarage Rd, Henley on Thames, Oxfordshire, RG9 1HJ.

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

Email _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

_____ Email _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

Morning 8.45am-12.30pm Monday Tuesday Wednesday Thursday Friday

Afternoon 12.30pm-3.00pm Monday Tuesday Wednesday Thursday Friday

Please circle the funding you will be applying for. Vulnerable two 15hrs 30hrs None

I would be interested in becoming a Committee Member. Yes No

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible. **Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).**
