



## King Street Pre-school CIO

Wesley Methodist Church, Christ's Pieces, Cambridge CB1 1LG

Registered charity number: 1185899

<https://kingstreetpreschool.org.uk>

Email: [info@kingstreetpreschool.org.uk](mailto:info@kingstreetpreschool.org.uk) Telephone: 07742 376299

### Application Form

#### 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): \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/carer name (2): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Session request

Preferred start date: \_\_\_\_\_

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

Morning, 9-12	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Lunch, 12-1	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Afternoon, 12-3			<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	

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).**

Signed parent/carer (1): \_\_\_\_\_ Date: \_\_\_\_\_

Signed parent/carer (2): \_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**