

Application to join LITTLE DRAGONS PRESCHOOL

Name of child		Date of birth	_
Name(s) and address(es) of parent(s) making the application:			
Postcode	Tel.	Postcode	Tel.
Contact email address :			
I/We would like		to start attending at this setting	
**** *** *** *****	au fuana		(data)
*as soon as possible; or from (date)			
We would like our child to attend on the following days/sessions: (circle as applicable)			
Monday	9.00-12.00	Lunch club 12.00-1.00	PM 1.00-3.00
Tuesday	9.00-12-00	Lunch club 12.00-1.00	PM 1.00-3.00
Wednesday	9.00-12.00	Lunch club 12.00-1.00	PM 1.00-3.00
Thursday	9.00-12-00	Lunch club 12.00-1.00	PM 1.00-3.00
Friday	9.00-12.00	Lunch club 12.00-1.00	
If we find that we no longer need the place, we will inform the setting as soon as possible.			
Signature of parent(s)			
Tear off the following part to return to the parent(s)			
A place will be availab	le for		(child's name)
* on			(date)
* or; we will notify you when a place becomes free.			
or, we will houry you when a place becomes nee.			
Signed on behalf of the setting			
Name		Job title	