

HILLTOP PRE-SCHOOL
ENROLMENT FORM

Hilltop Use Only

Date:

Please provide as much information as possible

Fee Rec:

Start date:

First names:

If abbreviated, known as:

Surname:

Sex:

Date of Birth:

Full Home Address:

Postcode:

Home Telephone Number:

Mothers full name:

Mobile No:

Home address if different:

Fathers full name:

Mobile No:

Home address if different:

E-mail address:

Any particular information relating to parental access, collection arrangements etc:

Child's first language:

Religion (if any):

When is your child due to start school?

Which School?

When would you prefer your child to start

and for how many sessions per week? Do you know anyone else who attends?

Please circle your preferred days for your child to attend (subject to availability)

MONDAY / TUESDAY / WEDNESDAY / THURSDAY AM / THUR PM/ THURS All day / FRIDAY

9.15 - 12.15 9.15 - 12.15 9.15 - 12.15 9.15 - 11.45 12.15 - 2.45 9.15 - 2.45 9.15 - 12.15

Does your child have any special needs, allergies or religious/medical requirements that we need to be aware of? Please continue on a separate sheet if you need to. This information will enable us to ensure that we provide the best possible care for your child. If necessary information, training, advice and support will be sought from the Pre-School Learning Alliance network or the relevant statutory/voluntary agency as appropriate. Please note this information will be kept confidential.

NON REFUNDABLE Enrolment Fee: £15 (Once this payment has been received your child will be added to the session/waiting list).

Remittance Details

Sort code: 090155

Account No: 13338608

Reference: your child's name

Signed(Parent/carer) Date.....

Where did you hear about Hilltop Pre-School?