# CHILD’S FULL NAME..................................................................Male/Female............

**CHILD’S DATE OF BIRTH**

**PARENT’S (or Guardian’s) NAME**

**PARENT’S (or Guardian’s) NAME**

**HOME ADDRESS**

POST CODE

# TELEPHONE (including code) MOBILE

**EMAIL ADDRESS (please see footnote)**

**PROPOSED START DATE (TERM & YEAR)**

**PREFERRED SESSIONS Mornings / Afternoons / Either / Full Days**

Does your child require additional support? **YES/NO**

Have you had previous children at Eton Pre-School? **YES/NO**

If yes, please give names and ages

How did you hear about Eton Pre-School? Word of mouth / Banner / Online Search / Recommendation

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

In order to be included on the Waiting List for a place, please enclose a non-refundable £45 administration charge payable to Eton Pre-School. Account No 76025186 Sort Code 09 01 55.

We are unable to give information regarding availability of places until this is received.

An acknowledgement of receipt of your application will be sent to you by email. Without this we cannot accept responsibility of any unprocessed applications.

Please sign below to confirm that the above information given is correct and that you agree to the information on this form being used to process the application and being held on file until a place becomes available. This is in line with the General Data Protection Regulations.

**Signed**

**Name…………………………………………………………………………….Date…………………………….**

Please note the deadline for Autumn applications is 31st March of that year.

Applications received after the deadline will be processed as late applications.

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Please return this form to: Tessa Snell Administrator

Eton Pre-School

St. John’s Church Hall

Off Sun Close, High Street,

Eton, Berkshire

SL4 6AR

Email: [etonpreschool@hotmail.co.uk](about:blank) Telephone: 01753 850842 Website: etonpreschool.org