



## Application Form

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Entry age: 2 years 6 months

Child's NHS Number: \_\_\_\_\_

Child's Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: (if different from above) \_\_\_\_\_

\_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Please indicate preferred days: (minimum two sessions recommended)

Monday	Tuesday	Wednesday	Thursday	Friday

*Once your child turns three, he/she will be able to attend lunch club and afternoon sessions.*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you find that you no longer need a place, please inform MHPS as soon as possible.**

*Please return to:*

*Much Hadham Pre-School, Oudle Lane, Much Hadham, Herts. SG10 6DQ*