APPLICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Childs First Name |  | Childs Surname |  |
|  |  |  |  |
| Known As |  | Childs Date of Birth |  |
|  |  |  |  |
| Parent/Guardian Name |  | Email Address |  |
|  |  | | |
| Home Address |  | | |
|  |  |  |  |
| Postcode |  | Home Tel |  |
|  |  |  |  |
| Work Tel |  | Mobile Tel |  |

**Preferred days of attendance** (please tick below your preference)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Breakfast Club | Morning Session | Lunch Club | Afternoon Session | After School Club |
|  | **08:00 – 09:00** | **09:00 – 12:00** | **12:00 – 12.30** | **12.00 – 15:00** | **15:00– 16:00** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

Preferred start date:……………………………………………………………….

Name/s of Brothers/Sisters:………………………………………………………

How did you hear about Bray Pre-School:……………………………………..

|  |  |  |
| --- | --- | --- |
| Office Use only | Date received | Date actioned |
|  |  |  |