

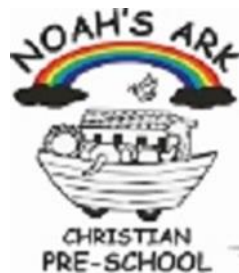
Application to join

Noah's Ark Christian Pre-School Application Form

St. Stephen's Church Hall, Albert Road, Buckhurst Hill, Essex IG9 6FD

020-8505-5828 info@noahspreschool.org

Registered Charity Number: 1177779



Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work el: _____ Home: _____ Mobile: _____

Email address: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work Tel: _____ Home: _____ Mobile: _____

Email address: _____

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

Morning 9am to 12pm Monday Tuesday Wednesday Thursday Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child, there is a request for a £40 non – refundable administration fee when returning this form.**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

Signed parent/carer (1): _____ **Date:** _____

Signed parent/carer (2): _____ **Date:** _____

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

For office use only:

Administration fee
paid: _____ **Date paid:** _____

Tear off the following part to return to the parent(s)

A place will be available for _____ (child's name)

* on _____ (date) * or; we will notify you when a place becomes free.

Signed on behalf of the provider: _____

Name: _____ Job title: _____

*Please delete whichever is not applicable.