



## Charminster Pre-school

West Hill  
Charminster  
Dorchester  
DT2 9RD

Main Building Tel: 01305 251512

info@charminsterpreschool.co.uk

Charity registered 1019866

### Admissions Form - Application to join

**PLEASE COMPLETE IN BLOCK CAPITALS.**

**Return to the above address marked for the attention of the Administrator.**

All information given on this form will be treated in the strictest confidence.

#### Child's Personal Details

First / Middle name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Full address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Start date request: \_\_\_\_\_

**Parent/carer name (1):** Mr / Mrs / Miss / Ms \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/carer name (2):** Mr / Mrs / Miss / Ms \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Please tick below any that apply to your child:

- Looked after / Adopted
- Eligible for 2-year-old funding for families receiving additional support
- Special Educational need and / or disability (includes those receiving support from professionals such as speech and language therapists, physio, portage etc)
- Sibling at St. Mary's School, Charminster

## Session Request

Please tick the sessions you would like your child to attend (if already decided):

(Minimum 2 mornings, maximum 4 days)

<b>Early Start: 8.30 - 9.00am</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Morning: 9am - 12.30pm</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>All Day: 9am - 3pm</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>After Preschool Club 3 - 4pm</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday		
<b>I/we have not yet decided</b>	<input type="checkbox"/>				

The Pre-school will try and meet admission/session requests as far as possible, in the event that a particular session is unavailable, an alternative may be offered.

## Additional Information

This application places your child on our waiting list. We will contact you when a place becomes available. 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.

**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. Please see our Privacy Notice.

***We ask for a £5.00 voluntary contribution to cover registration and administration costs. If you wish to contribute, please return your £5.00 with this form. Cheques should be made payable to Charminster Pre-school. Thank you for your support.***

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

*with parental responsibility*

\_\_\_\_\_ Date: \_\_\_\_\_

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

*with parental responsibility*

\_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you (in the Prospectus/website/further Admission paperwork). By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

***For office use only:***

Date Form

Received: \_\_\_\_\_

Term : \_\_\_\_\_

Voluntary

Contribution: \_\_\_\_\_

Funded from: \_\_\_\_\_

Confirmation

letter sent: \_\_\_\_\_

Start Date: \_\_\_\_\_