



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
- Funded 2 / Golden Ticket Holder
- 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)

Breakfast Club 8-8.30am	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Early Start 8.30-9.00am	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Morning 9-12.30pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
All Day 9-3.00pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Extended Day (available Mon,Tue,Wed) 3.00-5.00pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday		
I/we have not yet decided	<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: _____