



# Application form

Name of child.....

Date of birth.....

Names(s) and address(s) of parent(s) making the application

Name.....

Address.....

.....

.....

Phone no:.....

Name.....

Address.....

.....

.....

Phone no:.....

I/We would like.....

to start attending First Steps Pre-school from .....(date)  
or as soon as possible.

We would like our child to attend on the following sessions

Monday am, Tuesday am, Wednesday am, Thursday am, Friday am.

If we find that we no longer need the place, we will inform you as soon as possible

Signature of parents.....

.....

Date.....