**Gainford CE Primary School Pre-School**

**Registration Form**

|  |  |
| --- | --- |
| **Full Name of Child** |  |
| **Date of Birth** |  |
| **Gender** | Male/Female |
| **Full Name of Parent/Carer** | Miss/Mrs/Mr |
| **Home Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Does your child have any allergies or medical/physical/educational needs?** |  |

We are open term time only (38 weeks per year) and we operate 3 sessions per day. Please indicate your preferred sessions (to be confirmed prior to starting) and your preferred start date.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **8:55 – 12:00****(AM) 3 hours** | **12:00 – 3:00****(PM) 3 hours** | **3:00 – 3:30****(PM) 30 minutes** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

Preferred start date: ………………………………….

Signed: ………………………………………………..……. Date: ………………………………..