



FILTON PARK PRE-SCHOOL PLAYGROUP WAITING LIST FORM

I would like to place my child on the pre-school waiting list for mornings/afternoons (Please circle).

My preferred days would be (min 2 sessions) (Please circle)

Monday Tuesday Wednesday Thursday Friday

Child's Name:..... Date of Birth:.....

Address

Email:.....

Contact Tel No(s):..... Sex: Male/Female

Signed: Date:.....

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WAITING LIST RECEIPT

Sessions requested: Mornings/Afternoons

Child's Name:..... Date of Birth:

Date Received:..... Received By:.....

We will contact you approximately six weeks prior to your child's 3rd birthday confirming whether your child has been offered a place, a start date and visit dates. If you do not attend for your visits the place will be allocated to another child on the waiting list.

If you need to make alternative arrangements for your visits please contact pre-school on **01454 866580**.