



# Brenchley Pre-School Limited

## Application for Admission

Child's Name





# Brenchley Pre-School Limited

## Child's Details

Surname:	<input type="text"/>	Preferred Name(s)	<input type="text"/>
Forename(s):	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Postcode:	<input type="text"/>	Telephone No:	<input type="text"/>

Parent/Guardian 1		Parent/ Guardian 2	
Title	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Forename(s)	<input type="text"/>
Surname:	<input type="text"/>	Surname:	<input type="text"/>
Address if different from child	<input type="text"/>	Address if different from child	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Tel home	<input type="text"/>	Tel home	<input type="text"/>
Tel work	<input type="text"/>	Tel work	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Medical Information (Please list all known pre-existing conditions or any childhood illnesses)

When would you like your child to start pre-school	Initially which sessions would you like your child to attend
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Please return this form together with a cheque for £20 made payable to **Brenchley Pre-School Limited** to :-

**Brenchley Pre-School Limited**  
**Brenchley Road**  
**Brenchley**  
**Kent TN12 7NY**

(This Registration fee is for those children **not** eligible for free entitlement funding)