

Playways Preschool Application

Rainham Methodist Church
Wennington Road
Rainham
RM13 9DE

07982614077
playwayspreschool@outlook.com

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Session request

Please tick the sessions you would like your child to attend:

Morning **9am – 12 noon** Monday Tuesday Wednesday Thursday Friday

Afternoon **12pm – 3pm** Monday Tuesday Wednesday Thursday Friday

All day **9am – 3pm** Monday Tuesday Wednesday Thursday Friday

Please note that completion of this form does not guarantee a place for your child,

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 with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

Should you no longer need the place we will not retain the details on this application form (see our Privacy Notice)

Signed parent/carer (1): _____ **Date:** _____

Signed parent/carer (2): _____ **Date:** _____

For office use only:

Tear off the following part to return to the parent(s)

A place will be available for _____ (child's name)

* on _____ (date) * or; we will notify you when a place becomes free.

Signed on behalf of the provider: _____

Name: _____ Job title: _____

*Please delete whichever is not applicable.