

**APPLICATION TO JOIN PIED PIPER PRE-SCHOOL**

Name of child.....Date of birth.....

Name(s) and address(es) of parent(s) making the application.

Post code                      Tel:	Post code                      Tel:

I/we would like.....to start attending Pied  
Piper from.....(date)

We would like our child to attend on the following days:

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

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

Signature of parent(s)

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A member of staff will contact you the term prior to your child starting at Pied Piper to confirm the days that your child will be attending and to invite you in for visits.

Staff signature.....Date.....