## **Enquiry Form**

Great Tew Pre-School, The Green, Great Tew, Chipping Norton OX7 4DB Telephone: 01608 683168 Email: admin@greattewpreschool.com

**Charity Number: 1029188** 



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:	
Telephone:	Email:		
Parent/carer name (2):			
Relationship to child:			
Full address (if different):			
		Postcode:	
Telephone:	Email:		
Siblings Names and Ages:			

School they attend if age appropriate:

Session request					
Preferred start date:					
Please tick the sessions you wo	ould like your child	d to attend:			
Morning (9am – 12pm)	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
Afternoon (12pm – 3pm)	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
This application places your chavailable. Once your child is o and family details are required copy made for our file.	ffered a place and	d you accept it	, on admission furt	her personal info	ormation
A £30 non-refundable registra Please make cheques payable Account Number: 11490028 a	to "Great Tew Pr	e-School" or fo	or Bank Transfer de		de: 40-17-19
If I/we no longer require a place sessions not attended if depar will not retain the details on the	ture is in advance	e of this. Shoul	d you decide you n	•	
Completion of this form does endeavour to accommodate p	-	•	•	e/sessions, how	ever we will
Signed parent/carer (1):				Date:	
Signed parent/carer (2):				Date:	
Please be advised that this ap provided to you. By signing the these terms and conditions.	•	•	•		
-					
For office use only:					
Deposit paid:			Date paid:		