

## **Enrolment Form**

Should you wish to enrol your child for a place at Goudhurst Village Pre-school, please contact us to check session availability before completing and returning this form along with the non-refundable enrolment fee of £25 (Free Early Education funded children are exempt) by post to: Goudhurst Village Pre-school C/O Alison Clarke, Old Tattlebury, Tattlebury Lane, Goudhurst, Kent, TN17 1BU. Please make your cheque payable to Goudhurst Village Pre-school and write your child's name on the reverse. Thank You.

Child's	<b>Personal</b>	Details:
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First Name:		Last Name:				
Known as:		Date of Birth:				
Child's Home Address:			Post Code:			
Parent/Carer Detail	s:					
Title:		Mr/Mrs/Miss/Ms/Dr		Mr/Mrs/Miss/Ms/Dr		
First Name:						
Last Name:						
Address (if different fro	om above):					
Home Telephone Num	nber:					
Mobile Number:						
Work Telephone Num	ber:					
E-mail:						
Occupation (Optional)	:					
Please select a mir	nimum of two se	ssions (£13.50 pe	er session, Lunch Cl	ub £3.00 or £1.50 as	s part of a full day	
or when added ont			•			
	Monday	Tuesday	Wednesday	Thursday	Friday	
9 a.m. – 12 p.m.						
Lunch Club 12 p.m. – 1 p.m.						
1 p.m. – 3.30 p.m.						
			non-refundable £25 enr which case they are ex		acted from your first	
Is your child currently	attending any other	Pre-school or Nurs	ery?			
Does your child have a	any special needs?					
1. We will be ma	king play visits in y	our home to introdu	ce your child to his/her k	key person. Please dele	ete accordingly.	
I agree/disagree to a p	olay visit.					
Parent/Carer Signature	e		Date			