## **Application to join Mosterton Pre-School**

Name of child						
Childs Date of Birth						
Gender:						
Name of sibling al	ready at Mosterton p	reschool:				
	· · · · · · · · · · · · · · · · · · ·		f Parent(s) making the app	lication		
MOTHERS NAME:			FATHERS NAME:			
ADDRESS:			ADDRESS:			
			lephone number			
HOME:			HOME:			
MOBILE:			MOBILE:			
			Email address			
My child is eligible	e for the 2 year old fu	nding <b>YES</b>	/NO			
. /						
I/ we would like		to start attendin	g Mosterton Pre-School.			
fram	/Date	a) Ia darstand th	at there may be a waiting li	st and the sessions ma	v or may not be	
	(Date	e) i unuerstanu tiid	at there may be a waiting lis	st and the sessions ma	y or may not be	
available.						
Mo would like ou	r child to attend on th	a fallowing days				
We would like our	r child to attend on th	e following days.				
We would like ou			Wednesday	Thursday	Friday	
	r child to attend on th	e following days.  Tuesday	Wednesday	Thursday	Friday	
Am session			Wednesday	Thursday	Friday	
Am session 8.45-11,45			Wednesday	Thursday	Friday	
Am session 8.45-11,45 Pm session			Wednesday	Thursday	Friday	
Am session 8.45-11,45 Pm session 12.15-3.15			Wednesday	Thursday	Friday	
Am session 8.45-11,45 Pm session 12.15-3.15 All day			Wednesday	Thursday	Friday	
Am session 8.45-11,45 Pm session 12.15-3.15 All day 8.45-3.15	Monday	Tuesday	Wednesday	Thursday	Friday	
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Please send completed forms to:

Mosterton Pre-School, Fairoak Way, Mosterton, Beaminster, Dorset, DT8 3JQ

Please see attached our Admission Policy and Privacy Notice

Reviewed February 2020