CHECKENDON PRE-SCHOOL

CHECKENDON VILLAGE HALL

MAIN STREET

CHECKENDON

OXON

RG8 0SR

[preschoolcheckendon@gmail.com](mailto:preschoolcheckendon@gmail.com) 01491 682589

www.checkendonpreschool.co.uk

Dear Parent/Carer,

Welcome to Checkendon Pre-School.

In this pack you will find all the forms you need to register your child (name) ……………………………………………………….. with us.

Please provide us with as much information as you can. This will help us to know and understand your child enabling us to provide the best care possible during their time spent with us.

It is important that all contact details are kept up to date. Therefore if there are any changes in the future please inform us so that we can update the registration forms.

**To book a place for your child at Checkendon Pre-School please make a payment of £35.00** (cheques payable to Checkendon Pre-School). We will then hold the sessions required for your child until your requested start date.

Below are our session times. Please circle the sessions required.

START DATE: DAY………………………..MONTH…………………………YEAR……………………………

MONDAY AM. 08.30-11.30 LUNCH. 11.30-12.30 PM. 12.30-3.30

TUESDAY AM. 08.30-11.30 LUNCH. 11.30-12.30 PM. 12.30-3.30

WEDNESDAY AM. 08.30-11.30 LUNCH. 11.30-12.30 PM. 12.30-3.30

THURSDAY AM.08.30-11.30 LUNCH. 11.30-12.30 PM. 12.30-3.30

FRIDAY AM. 08.30-11.30 LUNCH. 11.30-12.30 PM.12.30-3.30

Morning session = £15.00

Lunchtime session = £5.00

Afternoon session = £15.00

Payment of fees can be made via Bank Transfer, Cheque, Cash, Childcare Vouchers. Please advise staff on how you wish to pay your fees. You will be billed termly. Prompt payment of fees is expected – within two weeks of receiving your bill.

**TERMS AND CONDITIONS OF NOTICE.**

Should you find that you no longer need your space at Checkendon Pre-School please take notice of the following:

* One FULL TERMS NOTICE is required in writing informing us of your decision to remove your child from Checkendon Pre-School.
* Checkendon Pre-School will continue to claim Government Funding until the end of the term. Thereafter we will remove your child’s name from the claim forms.

**CHANGES TO SESSIONS**

Should you wish to change the sessions attended by your child we aim to satisfy your requirements. Changes are dependent on available spaces for your required sessions.

**Please sign below to acknowledge understanding of the above terms and conditions.**

**Parent/Carer full name…………………………………......................................**

**Signature………………………………………………….date…………………………………**