

# PIGLETS PRE-SCHOOL ENQUIRY FORM

Full name of child (Inc. middle name) \_\_\_\_\_

Child known as \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Baby Room      2 Year Old Room      Three - Four Year Old Room      (please circle room required)

Parent Contact \_\_\_\_\_ Email \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_

Please tick the days and sessions you would like your child to attend

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9am – 12pm					
Afternoon 12.30pm– 3.30pm					
All Day 9am – 3.30pm					
Extended day 8am – 5pm					

Please circle if you intend for your child to attend either:

Term-Time (38 weeks)    or    Full Time (47 weeks)

**Piglets Pre-school Manager/Owner**

**Sarah Bettinson**

**sarah@pigletspreschool.co.uk**

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**Deputy/Admissions**

**Sharon Voden**

**sharonvoden50@gmail.com**