Thank you for registering your interest in Little Acorns Preschool. Your child's name will be added to our Interest List on completion of this form and we will contact you within two weeks to book a first visit for yourself and your child. Once you are happy to proceed in registering your child with us, we will invite you for a second visit where your child's place and specific sessions at Little Acorns Preschool will be confirmed.

Little Acorns Preschool

Registration form

|  |  |
| --- | --- |
| Child’s name: | D.O.B |
| Parent’s name: | Phone number:  Email: |
| Address: | |

Please tick the sessions you are interested in:

**Autumn (Year…………………………………)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM (9am-12pm) |  |  |  |  |  |
| PM (12-3pm) |  |  | N/A |  | N/A |

**Spring (Year…………………………………..)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM (9am-12pm) |  |  |  |  |  |
| PM (12-3pm) |  |  | N/A |  | N/A |

**Summer (Year…………………………………..)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM (9am-12pm) |  |  |  |  |  |
| PM (12-3pm) |  |  | N/A |  | N/A |

**\*We will do our best to accommodate your session requirements; however we cannot guarantee that these sessions will be available.**

Please return this form to Little Acorns preschool at the address above or email [office@littleacornstatsfield.co.uk](mailto:office@littleacornstatsfield.co.uk)