



## Charminster Pre-school

West Hill  
Charminster  
Dorchester  
DT2 9RD

**Main Building Tel:** 01305 251512  
**Administrator Tel:** 07528 493 179  
**info@charminsterpreschool.co.uk**  
*Charity registered 1019866*

### Admissions Form - Application to join

**PLEASE COMPLETE IN BLOCK CAPITALS.**

**Return to the above address marked for the attention of the Administrator.**

All information given on this form will be treated in the strictest confidence.

#### Child's Personal Details

First / Middle name(s) of  
child: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**Parent/carer name (1):** Mr / Mrs / Miss / Ms \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/carer name (2):** Mr / Mrs / Miss / Ms \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## Session Request

Please tick the sessions you would like your child to attend (if already decided):

<b>Breakfast Club</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Early Start</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Morning</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Lunch Club</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Afternoon</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>I/we have not yet decided</b>	<input type="checkbox"/>				

The Pre-school will try and meet admission/session requests as far as possible, in the event that a particular session is unavailable, an alternative may be offered.

### Additional Information

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

**If you find that you no longer need the place, please inform us as soon as possible.**

**Can we please ask for a £5.00 voluntary contribution to cover registration and administration costs. If you wish to contribute please return your £5.00 with this form. Cheques should be made payable to Charminster Pre-school. Thank you for your support.**

**Signed parent/carer (1):**

*with parental responsibility*

\_\_\_\_\_ Date: \_\_\_\_\_

**Signed parent/carer (2):**

*with parental responsibility*

\_\_\_\_\_ Date: \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you ( in the Prospectus / website/ further Admission paperwork). By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

### For office use only:

Date Form  
Received:

\_\_\_\_\_

Confirmation  
letter sent:

\_\_\_\_\_

Voluntary  
Contribution:

\_\_\_\_\_

Funded from:

\_\_\_\_\_

Term Eligible to  
start:

\_\_\_\_\_

Start Date:

\_\_\_\_\_