

## Ivington Pre-school

### Notification of interest

If you would like to book a place for your child at Ivington Pre-school please complete this form and return it to:

**Ivington Pre-school**

**Leominster**

**HR6 OJH**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Name(s) and address (es) of parent (s) making the application:

<p><b>POSTCODE</b></p> <p><b>TEL.</b></p> <p><b>Email:</b></p>	<p><b>POSTCODE</b></p> <p><b>TEL.</b></p> <p><b>Email:</b></p>
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I/we would like \_\_\_\_\_ to start attending Ivington Pre-school from \_\_\_\_\_ (date).

I/we would like our child to attend the following days (please indicate times):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

If we find that we no longer need the place I/we will inform the Pre-school as soon as possible.

**Signature of parents:**

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**The Pre-school Supervisor will contact you to discuss your child's place at Ivington Pre-school.**

