

RISING FIVES PRE-SCHOOL GROUP REGISTRATION APPLICATION FORM

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|---|--|
| Name of child | |
| Date of birth | |
| Address | |
| Name of Parents | |
| Telephone | |
| Mobile Number | |
| Email | |
| Signature of Parent/Guardian <i>(please print)</i> | |

If you find that you no longer need the place, please inform the pre-school as soon as possible

Sessions

It is recommended that your child attends pre school twice a week when they first start Rising Fives. You can discuss this at your visit to arrange sessions convenient to you.

Please complete this form and return it to:

Admissions Officer
Rising Fives Pre-School Group
Old School Canteen
Wells Lane
Whitchurch
Hampshire RG28 7AN
Tel: 01256 893708

Email: rising.fives@btinternet.com