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| **RISING FIVES PRE-SCHOOL GROUP****REGISTRATION APPLICATION FORM** |
| Name of child |  |
| Date of birth |  |
| Address |  |
| Name of Parents |  |
| Telephone |  |
| Mobile Number |  |
| Email |  |
| Signature of Parent/Guardian*(please print)* |  |
| 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 OfficerRising Fives Pre-School GroupOld School CanteenWells LaneWhitchurchHampshire RG28 7FGTel: 01256 893708Email: rising.fives@btinternet.com |