STONE CROSS INDEPENDENT PRE-SCHOOL

Stone Cross School, Adur Drive, Stone Cross, Pevensey, East Sussex, BN24 5EF Telephone 01323 740149
and
Stone Cross Memorial Hall, Dittons Road, Stone Cross, Pevensey, East Sussex, BN24 5EL Telephone 07925519363

Application To Join Form

Please complete and return with £50 per child Holding Deposit (Please see our Prospectus on our website for full details).

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/Work Tel: _____ Home: _____ Mobile: _____

Email Address: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/Work Tel: _____ Home: _____ Mobile: _____

Email Address: _____

SESSION REQUEST

Preferred start date: _____

Please tick the sessions you would like your child to attend:

Memorial Hall	9.15am to 12.15pm	□ Monday				□ Friday
Memorial Hall	8.45am to 11.45am		□ Tuesday	□ Wednesday	□ Thursday	
Memorial Hall	11.45am to 2.45pm		□ Tuesday	□ Wednesday	□ Thursday	
Memorial Hall	8.45am to 2.45pm		□ Tuesday	□ Wednesday	□ Thursday	

Nursery Unit	9.00am to 12.00pm	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
Nursery Unit	12.00pm to 3.00pm	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
Nursery Unit	9.00am to 3.00pm	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place.**

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.

Please note: If your child does not take up the place the holding deposit is non-refundable.

Signed parent/carer (1): _____ Date: _____

Signed parent/carer (2): _____ Date: _____

Please be advised that this application form and offer of a place is subject to the terms and conditions of the pre-school as outlined in our Prospectus. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

For office use only:

Deposit paid:
Sessions confirmed:
Registration Form issued:

Date paid:
Date confirmed:
Registration Form and
Birth Certificate received: