



Ferring Funtime Community Pre-school

Registration Form

Name of Child: Date of birth: Gender: M / F

Address:

..... Postcode:

Name of Parent/Carer:.....

Contact No: Email:

Address if different from above:

.....

Please indicate in the table below which sessions you wish your child to attend:

(while we try to accommodate your wishes, we cannot guarantee that we can give you these days)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 08.50-11.50					
Lunch 11.50-12.50					
Afternoon 12.50-15.20					

I would like my child to start: when they are:years old

I understand that I will be contacted the half term before my child is due to start to inform me about the availability of a place. Please be aware that we are not a feeder pre-school for Ferring C of E School, we are an independent pre-school.

I confirm that I have read and understood the Pre-schools Prospectus, Admissions Policy and Fees & Funding Policies which are available online. Hardcopies are also available upon request from the pre-school office.

PRIVACY NOTICE

How the information you provide will be used - General Data Protection Regulations

Any personal information such as name, postal address, telephone number and email address given will only be used to provide a requested service and will not be disclosed to any other third party without your prior permission or unless we are required to do so by law

Sign:

Print: Date:

For office use: