



# 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
<b>Morning</b> 08.50-11.50					
<b>Lunch</b> 11.50-12.50					
<b>Afternoon</b> 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 received, read and understood copies of the Preschool Prospectus, Admissions Policy and Fees and Funding Policy.

### 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: