

Pippins Preschool Waiting List

Please fill in this form to request a place at Pippins Preschool and return by post or by hand.
We'll then confirm we've received this form and will contact you to arrange a visit.

Child's full name:	
Likes to be known as: (if applicable)	
Date of birth:	
Parents' names:	
Home address:	
Home phone number:	
Mobile phone number:	
Email address 1:	
Email address 2:	
Date you would like your child to start:	
<p><i>Children may start aged 2 years, 6 months.</i></p> <p><i>Funding is available from the term after they turn 3. More information to follow!</i></p> <p><i>Invoiced sessions are charged at £15 per session, with fees due a half term in advance.</i></p>	
Any other information: (e.g., sibling previously attended)	
Any additional needs: (e.g., special needs, disability, English as a second language, other professionals involved)	

I understand that this form does not guarantee my child a place at Pippins Preschool.

Signed: _____ Name: _____ Date: _____

Deliver by hand to Pippins Preschool, entrance via Henry Morris Road. Phone for directions: 01223 833248
or by post to: Pippins Preschool, Lynton Way, Sawston, Cambridgeshire CB22 3EA