



Pippins Preschool Waiting List Form

Please fill in this form to request a place at Pippins Preschool. Forms can be returned by post, hand or email.

| | |
|---|--|
| 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: | |
| <i>Children may start aged 2 years, 6 months. Universal funding is available from the term after they turn 3.</i> | |
| Are you also interested in Pippin's Early Birds? | |
| Any other information: (e.g., sibling previously attended) | |
| Any additional needs: (e.g., special needs, disability, English as a second language, other professionals involved) | |
| How did you hear about Pippins Preschool? | |

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

Signed: _____ Name: _____ Date: _____

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Pippins Preschool is a member of the Pre-school Learning Alliance
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