



Lydiard Millicent Pre-school
Lydiard Millicent C of E School
The Butts
Lydiard Millicent
Swindon
SN5 3LR
Tel: 01793 772981
www.lydiardmillicentpreschool.org
Email: admin@lydiardmillicentpreschool.org
Registered charity no. 1029771

Lydiard Millicent Pre-School Registration Form

I am pleased to acknowledge your interest in registering your child/ren for a place at Lydiard Millicent Pre-School. Children can start attending when they are two and a half years old (subject to availability).

Parents'/Guardians' names _____

Child's name _____

Date of birth _____

Address _____

Post code _____

Telephone _____

Mobile phone number _____

E-mail address _____

Does your child speak a second language Yes/No

If yes, please give details _____

Preferred Contact Method Paper/ Email

Preferred start date _____ (please insert month & year)

Please use the boxes below to indicate which sessions you would prefer your child to attend. The minimum number of sessions is 2 per week and these can be on the same day. The afternoon session starts with lunch and your child will need to bring a packed lunch for these sessions. Please also indicate any sessions that will not be suitable. Sessions will be confirmed the term before your child is due to start.

Our staffing and resource levels are planned in advance therefore we require **a full terms notice** for sessions no longer required. Cancelled sessions with less than a terms notice will be invoiced.

We would ask that your registration form is accompanied by a deposit for £10.00. The non-refundable £10 deposit covers administration costs and a book bag for your child.

Sessions Required

	Morning (8.40- 11.40 am)	Afternoon (11.40 – 2.40 pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Unsuitable Sessions

	Morning (8.40- 11.40 am)	Afternoon (11.40 – 2.40pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

How did you hear about the Pre-school? _____

Will you be using childcare vouchers? Yes / No
If yes, please specify the name of the vouchers _____

Please note that it is the responsibility of yourself as the parent to ensure that your child has the appropriate funding. If it is found that your child is not eligible for any reason, you will be required to pay for any sessions that are not/have not been covered by government funding.

Please provide us with details of the funding you plan to use and sign below to confirm that you understand the above statement.

Will you be using government funding? Yes/No

If yes, please specify which funding you are/will be eligible for _____

Signed _____ Date _____

I give Lydiard Millicent Preschool my consent to hold and use the information provided. I understand that I have the right to withdraw the information at any time and that it will be safely destroyed when it is no longer needed.

Signed _____ Name _____

Date _____

Please return completed form to: Lydiard Millicent Pre-school, The Butts, Lydiard Millicent, Swindon, Wiltshire, SN5 3LR or email to admin@lydiardmillicentpreschool.org