

LAUGH 'N' LEARN PRE-SCHOOL

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Application for Places

Child's Full Name				Date of Birth						
Known as					Male/Female					
Child's Addr	ess:									
Mother's Details					Father's Details					
Name:				Name:						
Address:					Address:					
Tel:					Tel:					
Email:					Email:					
Attendance I	hod of contact_ Details ays and times th		ike to reqı	uest.					_	
		Monday -		Tuesday		Wednesday		y	Friday	
Morning Option A	8.50-11.50	Ţ.		<u> </u>		3				
Morning Option B	8.50-12.50									
Afternoon	12-3.10									
Full Day	8.50-3.10									
Preferred star	t date (please tic	·k):								
Autumn Spring				Summer						
	at Wraparound (ur after school c				-			is av	ailable from	
Date application Date parents co	ı received: ntacted:	·								