



Waiting List Application Form

Date of Application.....

Child's Surname.....

Child's First name(s).....

Child's Date of Birth.....

Parent/carer name.....

Address.....

Home Contact Number.....

Mobile.....

Email Address

Requested Start Date.....

Number of Sessions Requested (Minimum of 2 sessions)

Please tick preferred days required below

Monday	Tuesday	Wednesday	Thursday	Friday
am pm	am pm	am pm	am pm	am pm
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Privacy Notice:

Little Pickles Pre School will hold this information provided on this form for the purpose of registering your interest for/or securing a placement for your child. The information will be stored in secure environment and only used for this purpose. The Pre School has a Policy and measures in place for the protection and retention of such data. Our Data Protection Policy can be made available to you on request. Please sign below to confirm your consent to this information being held by the Little Pickles Pre School."

Parent/ Carer Signature

Little pickles 01522 793112 or email Info@little-pickles.com