



Application Form

Name of child					
Date of birth	Male / Female				
Name(s) of parent(s)					
Address of Parent(s)					
Telephone					
E-mail					
I/We would like to start attending at this setting (eligible from age 2)					
<input type="checkbox"/> from(date) MINIMUM OF 2 SESSIONS or 1 FULL DAY PER WEEK					
	Monday	Tuesday	Wednesday	Thursday	Friday
All Day Session With Lunch (9.05am-3.05pm) 6 hours					
Morning Session NO Lunch (9.05am- 11.35am) 2.5 hours					
Morning Session With Lunch (9.05am- 12.35pm) 3.5 hours					
Afternoon Session With Lunch (11.35am to 3.05pm) 3.5 hours					
Afternoon Session No Lunch (12.35pm to 3.05pm) 2.5 hours					
Please tick the session(s) required					
If we find we no longer require the place, we will inform the setting as soon as possible.					
Signature of parent(s)					
Date					

CUT OFF DAYS FOR APPLICATION FORMS TO BE RETURNED:

30th April for start of Autumn Term (September)

31st October for start of Spring Term (January)

28th February for start of Summer Term (April)

Please return this form to Alison Macklin, Pre-School Administrator, The Cygnets Milton
Pre-School, Humphries Way, Milton, Cambridge CB24 6DL