

Application Form for Horsmonden Kindergarten

Child's Full Name:		_boy/girl
Date of Birth:	Current Age:	
Expected Start Date:		
Name of main parent/carer:		
Do you have legal parental responsibility for this chi	ld: Yes/No/Shared with	
Relationship to Child: Mother / Father / Guardian /	Other (please specify)	
Address:		
Home Phone:	Mobile Phone:	
Email Address:		
Name of alternative parent/carer:		
Do you have legal parental responsibility for this chi	ld: Yes/No/Shared with	
Relationship to Child: Mother / Father / Guardian /	Other (please specify	
Address:		
Home Phone:	Mobile Phone:	

M orning sessions (3 hours):	
Afternoon sessions (2 $\frac{1}{2}$ hours):	
Registered as a Charitable Incorporated Organisation in England	nd and Wales
Lunch club (1 hour):	Direct Line: 01892 724805
Please note that all sessions are subject to availability	
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Intended Primary School (if known):	
Does your child attend any other pre-school, nursery or educational institution	n: Yes/No?
If Yes, please indicate which days:	
11 763, predde maleure which days.	
If Yes, please advise name, address and telephone number:	
1) Tes, piedse davise name, address and Telephone number.	
Phone:	

Please return this application form together with a £50 deposit to secure your child's place (please note this is not required if you are only accessing your free early education entitlement or free for two).

The completed application and cheque should be returned to The Administrator, Horsmonden Kindergarten, The Frances Austen Memorial Hall, Back Lane, Horsmonden, Kent TN12 8NJ.

Please note that the deposit is non-refundable should you not accept the placement.

Please make your cheque payable to 'Horsmonden Kindergarten'.

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For our records please could you le	et us know how you heard o	about Horsmonden Kindergarten	
Word of mouth		Facebook	
Local magazine: Grapevine/Wealde	n Advertiser/Town Crier	/Other (please specify)	
Local newspaper: Courier/Kent Me	ssenger/Other (please spe	ecify)	
Other (please specify)			