



**BRADWAY PRE-SCHOOL**  
**THE ANNEXE, BRADWAY ROAD,**  
**SHEFFIELD, S17 4QS.**  
**TELEPHONE 0114 327 2380**  
**www.bradwaypreschool.co.uk**

## APPLICATION FORM

To help us process your child's place at Pre-School the following information is required:

Child's First Name/s \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent / Carer name (1) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Full address (if different) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime/work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile \_\_\_\_\_

Parent / Carer name (2) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Full address (if different) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime/work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile \_\_\_\_\_

Birth Certificate seen by: \_\_\_\_\_ Date \_\_\_\_\_

I would / would not like to arrange a visit to Bradway Pre-School.

I am / am not interested in finding out more about helping at Pre-School.

I am / am not interested in finding out more about the Bradway Pre-School Committee.

I am / am not interested in finding out more about the Bradway Pre-school PTA.

(Please delete as appropriate).

**Session request**

Preferred Start Date \_\_\_\_\_

*Please tick the sessions you would like your child to attend:*

Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.20am – 8.50am	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.50am to 11.30am	Monday	Tuesday	Wednesday	Thursday	Friday
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.30am to 12.30pm	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.50am to 2.50pm	Monday	Tuesday	Wednesday	Thursday	Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission, further personal information and family details are required for our records. Your child’s birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

**Signed parent/carer (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed parent/carer (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

***For office use only:***

Deposit paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

*Tear off the following part to return to the parent(s)*

A place will be available for \_\_\_\_\_ (child’s name)

\* on \_\_\_\_\_ (date) \* or; we will notify you when a place becomes free.

Signed on behalf of the provider: \_\_\_\_\_

Name: \_\_\_\_\_ Job title: \_\_\_\_\_