



**BAGSHOT PRE-SCHOOL ACCREDITED
METHODIST CHURCH HALL
94 LONDON RD
BAGSHOT
SURREY
GU19 5BT**

REGISTRATION FORM

CHILD'S SURNAME

FORENAMES.....

DATE OF BIRTH

DESIRED TERM AND YEAR OF ENTRY

NAMES OF PARENTS OR GUARDIANS

PROFESSION OF MOTHER.....FATHER

CHILD'S POSITION IN FAMILY.....

EMAIL.....

ADDRESS

..... POSTCODE

TELEPHONE NO Would
you like a home visit? YES NO

Days required if known Monday Tuesday Wednesday Thursday Friday
Please circle

SIGNATURE DATE

SUPERVISOR DATE

I ENCLOSE £25.00 REGISTRATION FEE. Name _____
Nonrefundable. (Made payable to Bagshot Pre-school).

I acknowledge receipt of £25 nonrefundable registration fee.



Received with thanks. Signed _____