



Leadhill Primary School Pre-School Playgroup Enrolment Form

DETAILS ABOUT YOUR CHILD

CHILD'S SURNAME: _____

DATE OF BIRTH:

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FORENAME'S: _____

DAYTIME TEL NO: _____

PRESENT HOME ADDRESS OF CHILD: _____

POST CODE: _____

PREFERRED START DATE: _____

(Children can be admitted from the age of 2 years and 10 months. The ability to use the toilet with a level of independence is essential for admission in the case of children who have 2 years to wait until admission to primary school.)

PARENT/GUARDIAN CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____ DAYTIME TEL NO: _____

MOBILE: _____

Please indicate your preference by ticking the appropriate box below.

I would like to enrol my child in the Leadhill Pre-School Playgroup for 5 days a week.

I would like to enrol my child in the Leadhill Pre-School Playgroup for 3 days a week.*

I would like to enroll my child in the Leadhill Pre-School Playgroup for 2 days a week.*

*If possible, please state preferred days. We will do our best to accommodate preferred days, but cannot guarantee that this will be possible.

SIGNED: _____ Parent/Guardian

DATE:

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Please Print Name: _____

Following receipt of this enrolment form you will receive written confirmation that a place has been reserved for your child.