** The Windmill Preschool**

**Bolford Street Hall, Bolford Street,**

**Thaxted, Essex CM6 2PY**

**Tel: 01371 831457 (Hall Phone Number)**

**Email:** [**windmillpreschoolthaxted@gmail.com**](mailto:windmillpreschoolthaxted@gmail.com)

**Website:** [**www.thewindmillpreschoolthaxted.co.uk**](http://www.thewindmillpreschoolthaxted.co.uk)

**Registration Form**

This registration 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 will be required with the number recorded. If you decide 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.

Currently our fees are £6.00 per hour for 2 year olds and £5.50 per hour for 3 & 4 year olds.

Child's name...................................................................................Date of birth...............................

Parent's/Carers full names................................................................................................................

Home address...................................................................................................................................

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Home telephone number ........................................ Mobile Phone Number 1: ……………………

Mobile Number 2: …………………………………….

Email 1: …………………………………………………………………………………………………….

Email 2: ……………………………………………………………………………………………………..

Languages spoken in family ......................................... Ethnic origin ..............................................

Name of any other setting your child attends ...................................................................................

Days and hours per week at other settings ........................................................................................

Please state when your child may be starting and which sessions you prefer (not guaranteed)

Starting: ……………………………Sessions requested: ………………………………………………..

Signed ............................................................................. Date........................................................

**Registered as a company limited by guarantee in England & Wales**

**Registered Office: Bolford Street Hall, Bolford Street, Thaxted, Essex CM6 2PY**

**Registered Company No: 05021469**

**Registered Charity No: 1106496**