

Application form							
CHILD DETAILS							
First name(s)							
Surname							
Date of birth	D D   M M   Y Y	Gende	Gender			Male Female	
Does your child have special requirements or needs?				,			
Ethnicity							
Languages spoken at home			Languages spoken and/or understood by the child				
PARENT/CARER I DETAILS							
First name							
Surname							
Address							
Postcode		Email					
Mobile		Teleph	ione				
PARENT/CARER 2 (IF APPLICA	BLE)						
First name							
Surname							
Address							
Postcode		Email					
Mobile		Teleph	ione				
ATTENDANCE DAYS AND TIME	ES						
Date of desired admission		D E	D D   M M   Y Y				
Standard days requested (8am—4pm) Monday		nday Tu	esday	Wednesday	Thursday	, Friday	
Extended hours requested (4pm—5pm)  Monday		nday Tu	esday	Wednesday	Thursday	, Friday	
Which days could you be flexible on?		nday Tu	esday	Wednesday	Thursday	, Friday	
Name		Date			D D   M	MIYY	
Signature							

Please note that we charge a non-refundable application handling fee of £40.00 for processing this application and securing a place on the waiting list. Please pay this fee directly into our bank account, stating your child's name. When we have a place at the Kindergarten to offer you, we will send you a confirmation letter, together with an invoice for the registration fee of £150.00 (payable on acceptance of the place) and a copy of our current fee table. Bank details: National Westminster Bank, Account: German Kindergarten London Ltd, a/c no. 81363001, sort code 60-03-36.