

Application form	h					
CHILD DETAILS						
First name (s)						
Surname						
Date of birth	D D M M Y Y		Gender		Male Female	
Does your child have special requirements or needs?						
Ethnicity						
Languages spoken at home			Languages spoke understood by the			
PARENT/CARER I DETAILS						
First name						
Surname						
Address						
Postcode			Email			
Mobile			Telephone			
PARENT/CARER 2 (IF APPLICA	BLE)					
First name						
Surname						
Address						
Postcode			Email			
Mobile			Telephone			
ATTENDANCE DAYS AND TIME	S					
Date of desired admission			D D M M Y Y			
Standard days requested (8am—3.45pm)		Monday	Tuesday	Wednesday	Thursday	Friday
Extended hours requested (3.45pm—6pm)		Monday	Tuesday	Wednesday	Thursday	Friday
Which days could you be flexible on?		Monday	Tuesday	Wednesday	Thursday	Friday
Name			Date		D D M M Y Y	
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.