# Pied Piper Registration Form

**Thatcham Methodist Church, Thatcham, RG18 4QL**

**Tel. 01635 873814 www.piedpiperpreschool.org.uk**

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| Child’s Full Name: | |
| Date of Birth: | M/F\* (\*delete as appropriate) |
| Address: | |
| Name & age of siblings: | |

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| Mother’s Name: |  | Father’ Name: |
| Work Tel No. |  | Work Telephone No. |
| Home Tel No. | Home Tel No. |
| Mobile No. | Mobile No. |
| Email address: | Email address: |
| Address if different from above | Address if different from above |
| Preferred method of contact & time: |  | Preferred method of contact & time: |
| I would like my child to attend Pied Piper Preschool and agree to pay any fees that are due.  Signature of parent/guardian……………………………………………………………..date……………………………………………………………  When would you like your child to start ?……………………………………………………………………………………………………. (children must be 2 years & 8 months before starting with us)  Please return this form together with your £5 registration fee and either post or bring into preschool. This is an administration fee and does not guarantee a place at preschool and is non refundable. Your child’s name will be placed on a waiting list on reciept of this form and fee and you will be contacted once a place is available. | | |

This information will be held by our administrator until a place is offered to you. If you choose not to take a place with us it will be distroyed immediately. If you accept a place with us it will be it will be kept in line with the procedures outlined in our privacy notice.