**APPLICATION FORM**

Keynsham Methodist Church Queens Road Preschool

Please return to:- Queens Road Preschool

I..................................................apply for my son/daughter to attend the Queens Road Church Preschool.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name |  | Date of Birth |  |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel no.\_\_\_\_\_\_\_\_\_\_\_Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Has your child any pre-existing medical condition Yes / No

If yes please state details..................................................................................................................

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