

# ***STONE CROSS INDEPENDENT PRE-SCHOOL***

Stone Cross School, Adur Drive, Stone Cross, Pevensey, East Sussex, BN24 5EF Telephone 01323 740149

and

Stone Cross Memorial Hall, Dittons Road, Stone Cross, Pevensey, East Sussex, BN24 5ET Telephone 07925519363

## **Application To Join Form**

Please complete and return with £50 per child Holding Deposit (Please see our Prospectus on our website for full details).

### **Personal details**

First name(s) of child: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/carer name (1): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime/Work Tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/carer name (2): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime/Work Tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SESSION REQUEST

Preferred start date: \_\_\_\_\_

*Please tick the sessions you would like your child to attend:*

<b>Memorial Hall</b> 9.15am to 12.15pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday
<b>Memorial Hall</b> 8.45am to 11.45am	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	
<b>Memorial Hall</b> 11.45am to 2.45pm	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	
<b>Memorial Hall</b> 8.45am to 2.45pm	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	

<b>Nursery Unit</b> 9.00am to 12.00pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Nursery Unit</b> 12.00pm to 3.00pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Nursery Unit</b> 9.00am to 3.00pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

This application 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.**

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 is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

**Please note:** If your child does not take up the place the holding deposit is non-refundable.

**Signed parent/carer (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed parent/carer (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to the terms and conditions of the pre-school as outlined in our Prospectus. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

[www.stonecrosspreschool.org](http://www.stonecrosspreschool.org)  
Registered Charity Number 1030338

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### ***For office use only:***

Deposit paid:  
Sessions confirmed:  
Registration Form issued:

Date paid:  
Date confirmed:  
Registration Form and  
Birth Certificate received: