



Cheam Baptist Church
Pre-school

WAITING LIST APPLICATION FORM

Child's Surname:

Child's First Name: male/female
(please delete)

Date of Birth:

Address:
.....
..... Post Code:

Home Telephone Number:

Mobile:..... Email:.....

Brothers or Sisters attended:

Any special educational or medical reasons you would like to be considered
(written professional evidence will be required):

.....
.....
.....

Signed: Date

(Parent/Guardian)

Parent/Guardian's name:

If member of Cheam Baptist Church please tick

When completed, please return to Angie Fletcher, 37 Newbolt Avenue, Cheam,
SM3 8ED.