



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

How Cheam Baptist Church Pre-school handles information about you and your child.
Cheam Baptist Church Pre-school will keep the above information about you and your child confidentially and securely. It will not be shared with anyone else. It will only be used to communicate with you regarding a place at the pre-school and will be deleted if your child does not take up the place.

I consent to information about me and my child being handled by CBC Pre-school as outlined above.
Signature:

When completed, please return to Nicky Chantler, Cheam Baptist Church Pre-school,
Malden Road, Cheam Village, Surrey SM3 8QB