



Application for Combe Pre-School

Name of child.....

Childs date of birth.....

Name(s) and Address of parent(s).....

.....

.....

Postcode..... Telephone

I / We would like..... to start attending Pre-school

as soon as possible (please delete as applicable)

*from (date or term).....

If we find that we no longer need the place, we will inform the Pre-school as soon as possible.

Signature of parent

Please return your form to:

Andrea Oliver
Combe Pre-School
Methodist Chapel
Park Road
Combe
Oxfordshire
OX29 8NA.

If you have any queries, please call Andrea Oliver or leave a message on 01993 898813.
You can also contact Andrea at andrea.oliver99@yahoo.co.uk

You can find more information about Pre-School and our fundraising events at
www.combepreschool.co.uk