



## Application Form

### About Your Child

Office Use Only

Date Received

Male / Female

Address of Child

Postcode

Start Term

Name of Child

Date of Birth

### About You

Home Tel Num

Email Address

Mobile Tel Num

Name of Mother and Father (include surnames if different from child)

Mother

Father

Address of  
parents

IF DIFFERENT TO CHILD

Postcode

Home Tel Num

Mobile Tel Num

Email Address

Number of  
Hours Per Week

Funded /  
Non-Funded

Number of Days  
Required

Preferred Days

Attends Another  
Setting?

Thank you for your interest in Moulton Preschool. Please fill in the above application form and return it to the address below. We will be happy to speak to you regarding any queries you may have otherwise we will be in touch with you the term before your chosen start date entered at the top of the form to arrange visits.

Please return to: Moulton Preschool, by post to: **5 Regent Street, Moulton, Northwich, Cheshire, CW9 8NX** or by hand to: **Back Room, Village Hall, Main Road, Moulton, Northwich, Cheshire, CW9 8PB.**

Alternatively, email this form back to [enquiry@moultonpre-school.org.uk](mailto:enquiry@moultonpre-school.org.uk)



**07891 526 469**



**[enquiry@moultonpre-school.org.uk](mailto:enquiry@moultonpre-school.org.uk)**