



Application to be placed on the waiting list

Date of application

Child's name

Child's gender: m / f

Parent's name

Address
.....

E-mail address:

Evening contact number

Daytime contact number

Child's date of birth

Preferred sessions: M, Tu, W, Th, F
(This cannot be guaranteed)

How did you hear about Holy Trinity Pre-School?.....

Signature of parent/guardian.....

When completed, please return to Sarah Gill at Holy Trinity Pre-School (address below), marking the envelope 'Waiting List Application'