



Adel Pre-School

ADEL METHODIST CHURCH HALL,
GAINSBOROUGH AVENUE, LEEDS LS16 7PQ

VISIT: ADELPRE-SCHOOL.CO.UK

CALL: 0113 2817979

EMAIL: ADELPRESCHOOL@LIVE.CO.UK



Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Email address:

Session request

Preferred start date:

Please tick the sessions you would like your child to attend:

Morning 9am-12pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Afternoon 12pm-3pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**
Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records.

If you find that you no longer need the place, please inform us as soon as possible.

Signed parent/carer (1):	_____	Date:	_____
Signed parent/carer (2):	_____	Date:	_____