

Application to Join Gateway

Please circle:	Brockhurst Aver	ry Grange Rown	er Elson	Leesland	
Descrit/Occurs to the	_		O. W. W. A. W.		
Parent/Carers nam	e		Child's full name		
Date of Birth	E	E-mail			
Address				Post co	de
Contact No			Requested start	date	
Please circle: Un	funded / Funded l	Under 2yrs 2yrs	3yrs 30hrs	Funding Number If applicable	· · · · · · · · · · · · · · · · · · ·
Please circle times	Drop	o off times	Col	lection times	hours attending
Monday	8.30 9.00 9.30 1	11.30 12.00 12.30 1.00	11.30 12.00 12.30	1.00 2.00 2.30 3.00 3.30	
Tuesday	8.30 9.00 9.30 1	11.30 12.00 12.30 1.00	11.30 12.00 12.30	1.00 2.00 2.30 3.00 3.30	
Wednesday	8.30 9.00 9.30 1	11.30 12.00 12.30 1.00	11.30 12.00 12.30	1.00 2.00 2.30 3.00 3.30	
Thursday	8.30 9.00 9.30 1	1.30 12.00 12.30 1.00	11.30 12.00 12.30	1.00 2.00 2.30 3.00 3.30	
Friday	8.30 9.00 9.30 1	1.30 12.00 12.30 1.00	11.30 12.00 12.30	1.00 2.00 2.30 3.00 3.30	

Children must attend for a minimum of 2.5 hours and can stay for a maximum of 7 hours per day. If your child will be joining us for lunch, you will need to send in a lunch box which is offered between 12.00 – 13.00

We will endeavour to meet your requirements where possible.

Please return application to join request to email address contact@gatewaypreschools.org

Admin only

Received by		Session Sheets updated by		Connect updated by	
Initial	Date	Initial	Date	Initial	Date