



Westcliff Pre-School
Westcliff URC,
Kings Road, Westcliff-on-Sea, SS0 8PP
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Application to Join Westcliff Preschool

Name of Child: _____ Date of Birth: _____

Name(s) and address (es) of Parent/carer(s) making the application:

Name: Address:		Name: Address:
Contact Number:		Contact Number:

I/We would like _____ to start attending at this setting

*as soon as possible: or from: _____ date).

We would like our child to attend on the following days/sessions: **please highlight requirements:**

Monday AM/PM Tuesday AM/PM Wednesday AM/PM Thursday
AM/PM Friday AM/PM

If we find that we no longer need the place before we have started, we will inform the setting as soon as possible.

Signature of Parents/Carer