

APPLICATION FORM – PRESCHOOL

Child's full name:

Address:	Age in years and months:
Home telephone:	Male / Female
Mobile telephone:	Date of birth:

Current preschool (if applicable):
Please describe any known additional needs and/or allergies:

Father's name:	Father's work telephone:
Father's email address:	Father's mobile telephone:

Mother's name:	Mother's work telephone:
Mother's email address:	Mother's mobile telephone:

Please give an indication of the hours/days/sessions and start date you are hoping for:
How did you hear about The Lighthouse Learning Hub?

Parents' signatures:Date:.....

Return to: lighthouse@lighthouselearning.school **or Post to:** The Lighthouse Learning Hub, Junction 6, Everest Community Academy, Oxford Way, Sherborne St John, Basingstoke, RG24 9UP