Noah's Ark Application Form



Child's	s Name:	
Date of	f Birth:	
Parents	s' Names:	
Addres	ss:	
Postco	de:	-
Telephone:		E-mail:
a 3-hou afterno Please term A	or session in the morning or the bon sessions). note: All children are entitled are their 3 rd birthday.	s. Our hours are 9-12 and 12-3. You can book either the afternoon, or a full day (both morning and to 15 hours free pre-school education from the g sessions at Noah's Ark Pre-School:
r woun		
	Morning Sessions (9-12) Monday Tuesday	Afternoon Sessions (12-3) Monday Tuesday
	Wednesday Thursday Friday	Wednesday Thursday Friday
Total h	nours requested:	Requested Starting Date:
smalle starting	r intake in January. If your chi	r. The major intake is in the Autumn term with a ild is 3 between March and August then the likely eptember. If a place becomes available earlier, you
Signed:		Date:

PLACES ARE SUBJECT TO AVAILABILITY

Please return this application form to: Helen Simpson, Pre-School Leader, 11, Lynfield Park, Weston, Bath, BA1 4ER. Tel: 07941 611417 Email: noahsarkweston@hotmail.co.uk