**Booking Form**

Application for your child to join the University of Cumbria Pre-School Centre/Baby Unit.

**Name of Child:……………………………………….. Date of Birth………………………..**

**Name, address and contact details of parent/carer making the application:**

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| --- |
| **Name:**  **Address:**  **Postcode: Telephone Number:** |

I/We would like my child(ren) to start attending at the University of Cumbria Pre-School Centre as soon as possible; or from ……………………………………..(date)

We would like our child(ren) to attend on the following days/sessions (please circle below):

***For funded children tick here***

**Monday** 8.00-6.00 8.00-1.30 12.30-6.00

**Tuesday** 8.00-6.00 8.00-1.30 12.30-6.00

**Wednesday** 8.00-6.00 8.00-1.30 12.30-6.00

**Thursday** 8.00-6.00 8.00-1.30 12.30-6.00

**Friday** 8.00-6.00 8.00-1.30 12.30-6.00

If the place is booked in advance and no longer required before the stated start date, a six week’s notice is necessary to ensure that the deposit is refunded fully.

After your child has started at the Centre, if you find you no longer need the place, a 4 week’s notice is required to cancel the place.

**Parent/Carer Signature…………………………….......................... Date:…………………….**