



'The Cabin', 125 Park Avenue, Shelley, Huddersfield, HD8 8JZ

info@thecabinhd8.co.uk 01484 600519

Ofsted registration number: 311309 Charity number: 1004163

Application to join The Cabin (preschool)

Name of child _____ Date of birth _____ Date of application _____

Name and address of parents/legal guardian making the application:

Parents name:	Parents name:
Email address:	Email address:
Address:	Address (if different)
Telephone number:	Telephone number:

I/We would like _____ to attend The Cabin from (date) (Please note we have flexible start dates, please contact us to discuss when is best for your family) Sessions required/preferred sessions:

*Monday AM/Lunch/PM Tuesday AM/Lunch/PM Wednesday AM/Lunch/PM Thursday AM/Lunch/PM
Friday AM (Morning 9.00-11.30, Lunch (over 3's only) 11.30-12.45 and Afternoon 12.45-3.15)*

If you would like to book a place in advance for your child a deposit may be required.

Please contact Louise for details.

If you find that you no longer need the place, please inform the setting as soon as possible so we can offer these sessions to another family.

We will contact you a few weeks prior to your start date to confirm the date of your settling in visit.

Signatures of parent(s) _____

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A place will be available for _____ on _____

Sessions available:

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

Deposit of £_____ received with thanks- to be returned in first terms fees.

Signed on behalf of the setting _____ name _____ Job title _____