

The Children's Garden
Steiner Kindergarten

APPLICATION FORM

Child's Name

Date of Birth

Parent's Name

Date of Application

Address

.....

.....

Telephone No.

E-mail.....

How did you hear about us

Previous schooling if any

.....

Proposed start date

Age of child on proposed start date.....

Number of sessions.....

Please enclose a cheque for £45.00