

Waiting List Form

For information about how we manage our waiting list, please read our Waiting list, admissions and fees policy found on our website: www.chufpreschool.co.uk

Child's Full Name:	Setting Preference: Chearsley/Haddenham/Both
Name Known By:	
Child's Date of Birth:	Possible Start Date:
Possible session requests:	
Does the child have a sibling at CHUF?	
Medical Information (Any allergies, important medical history/conditions or developmental concerns)	
Name of Person(s) Holding Parental Responsibilit	ty:
1st Carer/Parent Name:	2 nd Carer/Parent Name:
Home Address:	Home Address:
Telephone Number:	Telephone Number:
Mobile Number:	Mobile Number:
Email Address:	Email Address:
Work Address:	Work Address:
Work Telephone Number:	Work Telephone Number:
This form collects your child's name & date of birth, as well as your name, contact numbers, addresses & email so that we can communicate with you. Please check our Privacy Policy to see how we protect & manage your data. By signing this form you are giving your consent for CHUF to collect & hold your details in line with our Privacy Notice.	
Form Completed by:	Relationship to Child:

Date:

Signature: