

# Application Form

To apply for a place at First Learning, please complete the following application form, enclose a cheque for £50 (payable to First Learning Ltd) and return to the address below. Please complete one form per child.

Child's Name \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_  
Sibling's Name (already attending) \_\_\_\_\_ Date of Birth \_\_\_ \_\_\_ \_\_\_  
How did you hear about First Learning? \_\_\_\_\_

Parent / Guardians name 1 \_\_\_\_\_ Home Tel \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Work Tel \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_ Email \_\_\_\_\_  
Does this person have parental responsibility? Yes \_\_\_\_\_ No \_\_\_\_\_  
I confirm that I have read the First Learning Terms & Conditions. We apply admission to First Learning for the child detailed on this form.  
Signature: \_\_\_\_\_

Parent / Guardians name 2 \_\_\_\_\_ Home Tel \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Work Tel \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_ Email \_\_\_\_\_  
Does this person have parental responsibility? Yes \_\_\_\_\_ No \_\_\_\_\_  
I confirm that I have read the First Learning Terms & Conditions. We apply admission to First Learning for the child detailed on this form.  
Signature: \_\_\_\_\_

Preferred start date \_\_\_ \_\_\_ \_\_\_ or as soon as possible \_\_\_\_\_

Please tick preferred sessions below

	Mon	Tue	Wed	Thur	Fri
Morning 8 am - 1:30 pm					
Afternoon 1:30 pm - 6 pm					

Other helpful information (e.g: special needs, allergies, dietary requirements).

Please return this form to:  
29 The Green, Richmond, London, TW9 1LX

Please note that applying for a place at First Learning does not guarantee that a suitable place will become available.