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**Enquiry form**

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| --- | --- |
| Date of enquiry: |  |
| Child’s name: |  |
| Child’s DOB: |  |
| Parents name: |  |
| Address: |  |
| Phone number: |  |
| Current setting: |  |
| Additional requirements: |  |
| Preferred days and times: |  |
| Preferred start date: |  |
| Appointment booked: |  |
| Induction session booked: |  |
| Where did you hear about us? |  |

**Hadleigh Parkside pre-school**