

**Hampton-in-Arden Preschool**

**Enquiry Form**

Name: .........................................................................................................................................

Address: ......................................................................................................................................

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Post code: ................................................. Tel. No. ...............................................................

Email: .........................................................................................................................................

Child’s Name: ............................................................................................................................

Date of birth: .............................................................................................................................

Which days do you require? ***(\* min of 2 days per week)***

Monday □Tuesday □ Wednesday □ Thursday □ Friday □

When are you looking to start? ..................................................................................................

Where did you hear about Hampton-in-Arden Preschool? ......................................................

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**Thank you!**