



# TRIANGLE PRE-SCHOOL APPLICATION FORM

The Pavilion, Peartree Park,  
The Ridings, Shephall,  
Stevenage  
Herts  
SG2 9UA  
01438 353443

## Child's Details:

Name: .....

Date of birth: .....

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

Home Telephone Number: .....

## Parent/Guardian/Carer Details:

Name: .....

Relationship to Child: .....

Home Telephone Number: .....

Work Telephone Number: .....

Mobile Telephone Number: .....

Additional Information (e.g. preferred day, number of sessions, any special needs).,  
.....  
.....

I do / do not give my permission for any information concerning my child to be passed onto the relevant professionals involved with my child.

Signed: .....

Please Print Name: .....

Date: .....

**PLEASE COMPLETE AND RETURN THE FORM TO THE ABOVE ADDRESS**