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| --- | --- |
| Child’s full name: |  |
| Date of Birth: |  | Age: |  |
| Gender: |  |
| Full Address (including postcode): |  |
| When would you like your child to join our setting: |  |
| My child has a 2 Year Old Funding code: (please insert code) |  |
| My child is entitled to 15 Universal Hour Funding:**You can check your eligibility for free childcare at** [**www.childcarechoices.gov.uk**](http://www.childcarechoices.gov.uk)**.**  |  |
| My child has an Extended 30 Hour Funding code: (please insert code). |  |
| Does your child have any suspected or diagnosed special educational needs? If so, please give details: |  |

**Parent/Carers with Parental Responsibility**

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| Full Name |  |
| Relationship to child: |  |
| Contact Number: |  |
| Address: |  |
| Email Address: |  |

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| --- | --- |
| Full Name |  |
| Relationship to child: |  |
| Contact Number: |  |
| Address: |  |
| Email Address: |  |

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| **Preferred****Sessions** | Before School7:45am-8:45am | AM Session8:45am-11:45am | Lunch Session11:45am-12:15pm | PM Session12:15pm-3:15pm | After School3:15pm-5:45pm |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |

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| **Additional Information: If you have any other information regarding your child you feel we should be aware of, please make a note here.** |
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