Child’s Name:………………………………………………………………………………………………………………….. Parent’s Name:………………………………………………………………………………………………

Please tick one of the boxes below to indicate which group you would like to apply for a place in:

|  |  |
| --- | --- |
| Session |  |
| 15 hours  Mornings: 08:45 to 11:45 |  |
| 15 hours  Afternoons: 12:15 to 15:15 |  |
| 30 hours\*  Monday to Thursday: 08:45 to 15:15  Friday mornings: 08:45 to 13:15 |  |
| 30 hours\*\*  Monday to Thursday: 08:45 to 15:15  Friday all day: 08:45 to 15:15 |  |

**\*** I understand that all 30 hours must be financed through either the government’s 30 funded hours or via an invoice sent to parents monthly in advance.

\*\*I am aware that opting for my child to remain in school on a Friday afternoon until 3:15pm will incur a cost of £10 each week and will be payable by invoice each month through Kids Club HQ.

Signed:…………………………………………………………………………………………………………………………………………… Dated:……………………………………………………….

We will be in touch the term before you’d like your child to start to confirm if a place is available in your requested group.

Thank you

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME:** | | | |  | | | | | | | | |
| **DOB:** | | | |  | | | | | | | | |
| **ADDRESS:** | | | |  | | | | | | | | |
| **TEL:** | | | |  | | | | | | | | |
| **EMAIL:** | | | |  | | | | | | | | |
| **SIBLINGS IN SCHOOL:** | | | | **YES / NO**  **Name(s):** | | | | | | | | |
| **SEN**  **Do you or your health visitor have any concerns about the development of your child?** | | | | **YES / NO**  **Details:** | | | | | | | | |
| **ENTITLED TO FUNDING:**  **(Please circle)** | | | | **YES – 15 hours**  **YES – 30 hours**  **NO – Pay privately** | | | | | | | | |
| **START DATE:** | | | |  | | | | | | | | |
| **Before (BSC) or After School (ASC) Sessions: (Tick)** | | | | | | | | | | | | |
| **MONDAY** | | **TUESDAY** | | | **WEDNESDAY** | | | **THURSDAY** | | | **FRIDAY** | |
| **BSC** |  | **BSC** | |  | **BSC** | |  | **BSC** |  | | **BSC** |  |
| **ASC** |  | **ASC** | |  | **ASC** | |  | **ASC** |  | | **ASC** |  |
|  | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | |  | | | Initials: | | | | Date: | | |

**Please note that completion of this form does not guarantee a place will be available.**