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

Parent’s Name:………………………………………………………………………………………………

Please tick to indicate which group you would like to apply for a place in

|  |  |
| --- | --- |
| **Sessions**  | **Tick**  |
| **5 full days\*** 30 hours  |   |
|   |   |
| **5 mornings** 15 hours  |   |
|   |   |
| **5 afternoons** 15 hours  |   |

\*I understand that all 30 hours must be financed through either the government’s 30 funded hours or via an invoice sent to parents.  I understand that the 30 hours funding can’t be used to cover before and after school club and that fees apply to these sessions.

Signed:……………………………………………………………………………………………………………………………………………

Dated:……………………………………………………….

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

We will be in touch to confirm if a place is available in your requested group.

Thank you

Jackie Hulme

Office Manager

|  |  |
| --- | --- |
| **CHILD’S NAME:** |  |
| **DOB:** |  |
| **ADDRESS:** |  |
| **TEL:** |  |
| **EMAIL:** |  |
| **IN CATCHMENT:** | **YES / NO****Distance from School: ………** |
| **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:****Above standard 15 hours** | **YES – 30****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** |  |
|  |
| **ENQUIRY TAKEN BY:** |  | **DATE:** |  |
| **OFFICE USE ONLY**  | Admission pack sent out to parents. | Initials:  | Date:  |

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