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.**