**Application of Interest**

**Personal Details.**

**Parent’s details**

Parent/carer name (1):………………………………………………………………………………..

Relationship to child:……………………………………………………………………………………..

Full address (if different)……………………………………………………………………………..

…………………………………………………………………………………………………………………

Mobile Number: Email:

**Child’s details**

First name(s) of child:…………………………………………………...............................

Surname of child:…………………………………………………………………………………………..

Date of birth:………………………………………………………………………………………………..

Full address:…………………………………………………………………………………………………

………………………………………………………………………………………………………………….

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**Parent’s details**

Parent/carer name (2)……………………………………………………………………………………………………………………….

Relationship to child: ………………………………………………………………………………………………………………………..

Full address (if different)………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………

Mobile Number: Email:

**Please tick the sessions which you would ideally like**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **Breakfast Club over 3’s 7.40-8.30am** |  |  |  |  |  |
| **Early starts 8.30-9.00am** |  |  |  |  |  |
| **All day 9.00-3.00pm** |  |  |  |  |  |
| **Morning Session 9.00-12.00pm** |  |  |  |  |  |
| **Afternoon session 12.00-3.00pm** |  |  |  |  |  |

CHILDREN WHO ATTEND OUR PM SESSION, NEED TO BRING A PACKED LUNCH

|  |
| --- |
| **Preferred Start date:** |

**Breakfast Club over 3’s only 7.40-8.30am cost £5.00**

**Early starts are non-funded and costs £2.00 per session**

**The session fees are £20.00. All fees are to be paid half-termly strict 30 days after invoice.**

**Please state where you heard about the Pre-School:**

|  |  |
| --- | --- |
| **Please state any known special dietary requirements/food allergies:** | **Does your child suffer any of the following conditions (please tick):**  **Asthma Allergies**  **Hay fever Fits**  **Febrile convulsions Eczema** |
| **Does your child have any known medical conditions?**  **Medications taken (please state):** | **Does your child have any known allergies?**  **Medication taken (please state):** |
| **Does your child have any known special needs?** | **Please state any other important information:** |

Signed parent/carer…….…………………………………. Date…………………

**Please note that completion of this form does not guarantee a place for your child.**