**APPLICATION TO JOIN – 2 YEARS**

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| **CHILD’S DETAILS:** |
| **Name:** |  |
| **Nicknames or Pet Names:** |  |
| **Date of Birth:** |  | MALE / FEMALE |
| **Child’s First/Main Language:** |  |
| **PARENT/CARER’S DETAILS:** |
| **Title:** |
| **First Name:** |
| **Surname:** |
| **National Insurance Number** |  |
| **Date of Birth** |  |
| **Home Address:** |  |
| **Postcode** |  |
| **Telephone No(s):** |  |
| **Email Address:** |  |

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| How many hours of funding are you entitled to?(15 or none) |  |
|  |
| PLEASE TICK THE FUNDED HOURS YOU WOULD LIKE |
| **3 HOUR SESSIONS** |
| Please tick to state your preferred choice of sessions: | Monday (9-12) |  | Monday (12-3) |  | Monday (9-3) |  |
| Tuesday (9-12) |  | Tuesday (12-3) |  | Tuesday (9-3) |  |
| Wednesday (9-12) |  | Wednesday (12-3) |  | Wednesday (9-3) |  |
| Thursday (9-12) |  | Thursday (12-3) |  | Thursday (9-3) |  |
| Friday (9-12) |  | Friday (12-3) |  | Friday (9-3) |  |
|  |
| PLEASE TICK THE UN-FUNDED HOURS YOU WOULD LIKE |
| **3 HOUR SESSIONS** |
| Please tick to state your preferred choice of sessions: | Monday (9-12) |  | Monday (12-3) |  | Monday (9-3) |  |
| Tuesday (9-12) |  | Tuesday (12-3) |  | Tuesday (9-3) |  |
| Wednesday (9-12) |  | Wednesday (12-3) |  | Wednesday (9-3) |  |
| Thursday (9-12) |  | Thursday (12-3) |  | Thursday (9-3) |  |
| Friday (9-12) |  | Friday (12-3) |  | Friday (9-3) |  |
| **UNFUNDED SESSIONS WILL BE CHARGED AT A FEE OF** **£16.50 PER 3 HOUR SESSION**  |
| **Preferred Start Date:** |  |

**Please note that we are unable to guarantee your preferred sessions, we will try to accommodate your choice; however we can only offer sessions we have available. On receipt of this form we will contact you with details of the sessions we are able to offer you and your child.**

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| Please indicate if there is any day(s) you **cannot** attend: |  |

**I UNDERSTAND THAT IF I/WE NO LONGER NEED A PLACE FOR THE ABOVE MENTIONED CHILD, I/WE WILL INFORM CENTRAL PRE-SCHOOL, IN WRITING, AS SOON AS POSSIBLE.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_