**APPLICATION TO JOIN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** | |  | | | | |
| **How many hours of funding are you entitled to?** | | | 30hrs / 15hrs / No funding | | | |
| **Preferred Start Date:** |  | | Type of funding to be used for sessions: | | | |
| 2-year entitlement | | 3-year entitlement | No funding – Self paid |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PLEASE TICK THE HOURS YOU WOULD LIKE - **SESSIONAL** | | | | | | | | | | |
| Please tick your preferred choice of sessions: | BUBBLE 1 | | | | | | | | | |
| Monday (9-3) | | | | | | | | |  |
| Tuesday (9-3) | | | | | | | | |  |
| Wednesday (9-3) | | | | | | | | |  |
| Thursday (9-3) | | | | | | | | |  |
| Friday (9-3) | | | | | | | | |  |
| **I WOULD LIKE TO ADD ON THE FOLLOWING HOURS IN**  **BREAKFAST AND AFTER SCHOOL CLUB (ONLY AVAILABLE WITH BUBBLE 1)** | | | | | | | | | | |
| Please tick your preferred choice of sessions: | Monday (8-9) | | |  | Monday (3-4) |  | Monday (3-5) |  | Monday (3-6) | |  |
| Tuesday (8-9) | | |  | Tuesday (3-4) |  | Tuesday (3-5) |  | Tuesday (3-6) | |  |
| Wednesday (8-9) | | |  | Wednesday (3-4) |  | Wednesday (3-5) |  | Wednesday (3-6) | |  |
| Thursday (8-9) | | |  | Thursday (3-4) |  | Thursday (3-5) |  | Thursday (3-6) | |  |
| Friday (8-9) | | |  | Friday (3-4) |  | Friday (3-5) |  | Friday (3-6) | |  |
|  | |  |  | | | | | | | |
| Please tick your preferred choice of sessions: | BUBBLE 2 | | | | | | | | | |
| Tuesday (9-3) | | | | | | | | |  |
| Wednesday (9-3) | | | | | | | | |  |
| Thursday (9-12)  **OR**  Thursday (9-3) | | | | | | | | |  |
| x |
|  |
| **UNFUNDED SESSIONS WILL BE CHARGED AT A FEE OF £5.00 PER HOUR (TERM AFTER 3RD BIRTHDAY)**  **& £5.60 PER HOUR (FROM 2 YEARS UNTIL TERM AFTER 3RD BIRTHDAY).** | | | | | | | | | | |

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| Please tick your preferred choice of sessions: | BUBBLE 3 | |
| Monday (9:15 – 12:15) |  |
| Tuesday (9:15 – 12:15) |  |
| Wednesday (9:15 – 12:15) |  |
| Thursday (9:15 – 12:15) |  |
| Friday (9:15 – 12:15) |  |

**We also charge a consumables charge of 60p per 3 hours which will be invoiced termly (i.e. Sept to Dec) payable in advance – for more information please contact the setting.**

**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.**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_