|  |  |  |  |
| --- | --- | --- | --- |
| **Child's Name** |   | **Date of Birth** |   |
| **Parents' Full Names** |   |
| **Address** |   |
|   | **Postcode** |   |
| **Telephone (Home)** |   | **(Work)** |   |
| **(Mobile)** |   | **(Other)** |   |
| **E-mail 1 (preferred method of contact)** |   |
| **E-mail 2** |   |
|   |
| **Please indicate which intake you would like them to start: JANUARY APRIL SEPTEMBER****And which year: 2020 2021 2022** |
| **Please circle below which sessions you would like your child to attend per week.** |
|   Mon AM Mon PM Tues AM Tues PM Wed AM Wed PM Thurs AM Thurs PM Fri AM |
| **Although having an older sibling at Hagbourne Primary school does not guarantee a place at the pre-school, it would help us greatly to have this information when allocating places. Please provide details below:** |
| **Name of sibling**  |   | **Year at Hagbourne School**  |   |
| **Name of sibling**  |   | **Year at Hagbourne School**  |   |
| **Funding Type: Please circle below the type of funding that will apply to you.**  |
| **Unfunded 2- year old funding EYPP Universal 15-hour 30 Hours**  **Funding****(you will be paying (TYF codes/postcard) (For 2- year olds) (Every child from (You meet for your child’s hours) 3 is entitled)**  **criteria)** |
| **Any Special Requirements?** |
|   |
| **Any Further Information which may be useful to us?** |
|  |
| **Any allergies or intolerances?** |
|  |
| **Signature of parent (or enter full name)** |   | **Date** |   |