|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | |  |