



Hagbourne Pre-School Admission Form

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:			
	2023	2024	2025
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	

Please note, being on the waiting list does not guarantee a place.



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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 for your child's hours)	(TYF codes/postcard)	(For 2- year olds)	(Every child from 3 is entitled)	(You meet 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