



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:			
	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 Fri PM			
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 code given to eligible families	For eligible 3 year olds	All children are entitled the term after they turn 3
For parents that meet the criteria, entitlement starts term after child turns 3			

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



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Any special requirements?

Any Further Information which may be useful to us?

Any allergies or intolerances?

**Signature of
parent (or enter
full name)**

Date