

## Hagbourne Pre-School Admission Form

Child's Name				Date of			
Demontal Full				Birth			
Parents' Full Names							
Address							
				Postcode			
Telephone (Ho	ime)			(Work)			
				1			
(Mobile)				(Other)			
E-mail 1 (preferred							
method of							
contact)							
E-mail 2							
Please indicate	which intake y	ou would like the	m to start:	ANUARY	APRIL	SEPTEMBER	
And which yea	r:			2024	2025	2026	
Please circle be	elow which sess	sions you would li	ke your child to	attend per weel	k.		
Mon AM M	on PM Tues A	AM Tues PM	Wed AM Wed	d PM Thurs A	M Thurs PM	Fri AM Fri PM	
Funding Type:	Please circle be	low the type of fu	nding that will a	ipply to you.			
0 71		<i>,</i> ,	J	,			
	_						
Unfunded	2- y	ear old funding	EYPP		Universal 15-	hour 30 Hours — Funding	
Van will ba		Codes	For eligil	ole 3	All children		
You will be paying for		given to	year old:	5	are entitled	For parents	
your child's		eligible			the term	that meet	
hours		families.			after they	the criteria,	
					turn 3	entitlement	
						starts term	
						after child	
						after child	
						after child	



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Any special requirements, allergies or intolerances?								
Any Further Informa	ation which may be useful to us?							
WATING LIST FEE								
Please be aware tha	t we charge a retention fee to be put or	our waiting list. I	t is £25 and will be used against our					
snack charge once y	our child has a place or taken off your 1	st invoice if application	able.					
You will not be put on the waiting list until the fee is received. This does not guarantee a place.								
Signature of		Date						
parent (or enter								
full name)								