

Hagbourne Pre-School Admission Form

Child's Name				Date of Birth	of		
Parents' Full Names				1	•		
Address							
				Postc	ode		
Telephone				(Work	x)		
(Home) (Mobile)				(Othe	r)		
E-mail 1 (preferred method of contact)					I		
E-mail 2							
Please indicate w	hich intake y	ou would lil	ke them to s	start:	JANUARY	APRIL	SEPTEMBER
And which year: 2025 2026							
Please circle below which sessions you would like your child to attend per week.							
Mon AM Mon PM	1 Tues AM	Tues PM	Wed AM	Wed PM	Thurs AM	Thurs PM	Fri AM Fri PM
Funding Type: Please specify what if any funding your child will receive.							
Working parent funding for 2 or 3yr olds							
2-year-old funding for families on certain benefits							
Universal 15-hour funding							
Unfunded							
More information on funding and eligibility can be found here: <u>Early years education Oxfordshire County Council</u>							



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Any special requirements, allergies or intolerances?						
Any Further Information which may be useful to us? I.e. If your child will also be attending another						
setting						
WATING LIST FE						
WATING LIGHT LE						
Please be aware that we charge a retention fee to be put on our waiting list. It is £25 and will be used						
against our snack charge once your child has a place or taken off your 1st invoice if applicable.						
Please transfer to Hagbourne Pre-School (CAF bank)						
Sort Code: 40-52-40						
Account number: 00016963						
You will not be put on the waiting list until the fee is received. This does not guarantee a place.						
0:		D-4-	T			
Signature of		Date				
parent (or enter						
full name)						