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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application to join Hedge End Village Hall Pre-school** | | | | | | | | | | | | | | | | | |
| St John’s Road, Hedge End,Southampton SO30 4AF  01489 795546  Ofsted number 2540631 Registered Charity number 1182118 | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | |
| First name(s) of child: | | | |  | | | | | | | | | | | | | |
| Surname of child: | | | |  | | | | | | | Date of birth: | | | |  | | |
| Full address: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | | | |
| Parent/carer name (1): | | | | |  | | | | | | | | | | | | |
| Relationship to child: | | | |  | | | | | | | | | | | | | |
| Full address (if different): | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | | | |
| Daytime/work tel: | |  | | | | | | Home: |  | | | Mobile: | | | |  | |
| Parent/carer name (2): | | | | |  | | | | | | | | | | | | |
| Relationship to child: | | | |  | | | | | | | | | | | | | |
| Full address (if different): | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | | | |
| Daytime/work tel: | |  | | | | | | Home: |  | | | Mobile: | | | |  | |
| Email Parent 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Parent 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **Session request** | | | | | | | | | | | | | | | | | |
| Preferred start date: | | | | | |  | | | | | | | | | | | |
| *Please tick the sessions you would like your child to attend:* | | | | | | | | | | | | | | | | | |
| Start Time: | | | Monday | | | | | Tuesday | | Wednesday | | | Thursday | | | | Friday | |
| 9:00 am | | |  | | | | |  | |  | | |  | | | |  | |
| 9.30 am | | |  | | | | |  | |  | | |  | | | |  | |
| 12:00 pm | | |  | | | | |  | |  | | |  | | | |  | |
| Finish Time: | | |  | | | | |  | |  | | |  | | | |  | |
| 12:00 pm | | |  | | | | |  | |  | | |  | | | |  | |
| 1:00 pm | | |  | | | | |  | |  | | |  | | | |  | |
| 2.30 pm | | |  | | | | |  | |  | | |  | | | |  | |
| 3.00pm | | |  | | | | |  | |  | | |  | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A deposit of £20 must be paid. (This is non refundable and will provide your child with a preschool uniform once a place is agreed). Once we receive your deposit and this application form, we will place your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**  Once your child is offered a place and you accept it, we will arrange for two one hour settling in visits. The first session will be for you and your child and we will require further personal information and family details for our records. Our child’s birth certificate is required at this point with a copy made for our file. We will also need to see your child’s ‘red book’ and photocopy the information relating to immunisations. The second session will be for your child to see how they are when you leave. Your keyworker will discuss the need for further sessions if required.  If you find you no longer need the place, please inform us as soon as possible. | | | | | | | | | | | | | | | |
| **Signed parent/carer (1):** | | | |  | | | | | | | | Date: | |  | |
| **Signed parent/carer (2):** | | | |  | | | | | | | | Date: | |  | |
| **Please be advised that this application form and offer of a place is subject to [our/my] terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.** | | | | | | | | | | | | | | | |
| ***For office use only:*** | | | | | | | | | | | | | | | |
| Starter pack paid/ Uniform provided | | |  | | | | | | | | Date paid: | |  | | |
| *Tear off the following part to return to the parent(s)* | | | | | | | | | | | | | | | |
| A place will be available for | | | | |  | | | | | | | | | | (child’s name) |
| \* on |  | | | | | | (date) | \* or; we will notify you when a place becomes free. | | | | | | | |
| Signed on behalf of the provider: | | | | | |  | | | | | | | | | |
| Name: | |  | | | | | | | Job title: |  | | | | | |

\*Please delete whichever is not applicable.