WAITING LIST

Confidential Records

**Full Name of Child** Click here to enter text. **Date of Birth** Click here to enter a date.

**Address of Main Residence** Click here to enter text.

**Post Code** Click here to enter text.

**Name of Parents/Main Carers:-**

1. Click here to enter text. **Relationship to Child** Click here to enter text.

**Telephone Number (Home)** Click here to enter text. **(Mobile)** Click here to enter text.

**Email address** Click here to enter text.

1. Click here to enter text. **Relationship to Child** Click here to enter text.

**Telephone Number (Home)** Click here to enter text. **(Mobile)** Click here to enter text.

**Email address** Click here to enter text.

**Does your child qualify for the 2 year funding** Choose an item. **Reference number** Click here to enter text.

**Does your child qualify for the 3 year funding** Choose an item. **If so how many hours** Choose an item.

**Please indicate your preferred days for your child to attend.** *Select as many as you wish*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **09:15-12:15** |[ ] [ ] [ ] [ ] [ ]
| **09:15-13:00** |[ ] [ ] [ ] [ ] [ ]
| **11:15-14:15** |[ ]   |[ ] [ ]   |
| **09:15-14:15** |[ ]   |[ ] [ ]   |

**Do/Did any siblings attend Little Acorns?** Choose an item.

*PLEASE NOTE:-*

*COMPLETING THIS APPLICATION FORM DOES NOT GUARANTEE YOUR CHILD A PLACE AT LITTLE ACORNS PRE-SCHOOL.*

*WE WILL BE IN CONTACT WITH YOU AS AND WHEN A PLACE BECOMES AVAILABLE FOR YOUR CHILD.*

**SIGNED**  Click here to enter text. **DATED** Click here to enter a date.