Application to join

Name of child _____ Date of birth _____

Name(s) and address(es) of parent(s) / carer(s) making the application:

Name(s)		
Address		
Postcode		
Home telephone		
Mobile		
Email address		

To start attending this setting *as soon as possible; or from _____(date)

We would like him/her to attend on the following days: (please circle as required)

Monday; AM/PM Tuesday; AM/PM Wednesday; AM Thursday; AM/PM Friday AM

Are you eligible for EYPP funding? (3-4 year olds only) YES / NO

Are you eligible for the 30 hours funding? YES / NO If yes, eligibility code: _____

Are you eligible for FF2 funding? (2 year olds only) YES / NO **If yes, please provide confirmation email/letter. If no, please ensure you apply before your child start date.**

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s) / carer(s)

For Pre-School use:

Date Application Received:		**Days offered:**	
Date of Induction:		**Start date:**	
FF2 Confirmation Seen:		**Date of Confirmation:**	