New Studio Preschool Application Form

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| --- | --- |
| Childs Full Name |  |
| Gender |  |
| DOB |  |
| Full Address & Postcode |  |
| Parent Name/s |  |
| Contact Number/s |  |
| Email (please print) |  |
| Does your child have any special /medical needs? |  |
| Does your child attend any other childcare settings? |  |
| Is your child eligible for 2 Year Programme? | No  Yes - Busy Bees Number |
| Is your child eligible for 15/30 hours Funding | 15 Hours  30 Hours - Code |
| Days you require | M T W T F |
| Term child eligible to start |  |
| How did you hear about us? |  |
| Staff Name |  |
| Staff Signature |  |
| Date |  |
|  |  |
| Date Place Offered |  |
| Days Offered |  |
| Start Date |  |
| Place Wanted |  |
| Place Refused |  |