Application to Join form

|  |  |
| --- | --- |
| Application received date |  |
| Email confirmation sent date |  |
| Home visit booked date |  |

*(office use only)*

Child’s name………………………………………………………….

Date of Birth………………………………………………………….

Home Address……………………………………………………….

………………………………………………………………………………

………………………………………………………………………………

Name of parent /Carer………………………………………….

Mobile number……………………………………………………………

Additional contact number………………………………………….

Email Address………………………………………………………………

How did you hear about us?...........................................

When would you like your child to start Month/Year?

……………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Morning session | 08:50-11:50 | £14.10 |
| Lunch session  | 11:50-12:50 | £4.70 |
| Afternoon session | 12:50-15:20 | £11.75 |
| Full day | 08:50-15:20 | £30.55 |

Available session times:

I would like the following sessions for my child, please tick applicable boxes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| AM | Lunch | PM | AM | Lunch | PM | AM | Lunch | PM | AM | Lunch | PM | AM | Lunch | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Early Years funding, please tick applicable boxes

|  |  |  |  |
| --- | --- | --- | --- |
| **Entitlement** | **Yes** | **No** | **Not sure** |
| Two-year funding |  |  |  |
| EYE funding (term after your child’s third birthday) |  |  |  |
| 30 Hour Funding |  |  |  |

In addition to our session times, we also run Steady Steps Out of Hours Breakfast Club. These sessions start at 07:30 am (Earliest drop off). Breakfast is served until 08:00. Please indicate below if this is something you might like to take up for your child

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Breakfast Club Time:  | 07:30 |  | 07:45 |  | 08:00 |  | 08:15 |  |

Parent/ Carer Signature……………………………………………………………Date……………………………………………………