

Child's Name: _____

Child's Date of Birth: ___/___/_____ Child's NHS Number: _____

Child's Address: _____

Parent's Names: _____

Contact telephone number: _____

Contact email address: _____

Name of previous setting: _____

Please let us know if there are any medical conditions we should know about.

Does your child have any SEND (Special Educational Needs and Disabilities) and/or is involved with other professionals?

Please tick preferred sessions: (minimum two sessions recommended)

	Monday	Tuesday	Wednesday	Thursday	Friday
Am 9-12					
Pm 12-3					

Once your child turns three, he/she will be able to attend afternoon sessions.

Parent/guardian signature: _____ Date: _____

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice). **Once enrolled we require a minimum of half terms notice to reduce your sessions**

Please return to: Much Hadham Pre-School, Oudle Lane, Much Hadham, Herts. SG10 6DQ

Office use only

Date received;

Confirmation email sent on:

Office use only

2 years on:

Start date;

Funding from;