

To place your child’s name on our waiting list please fully complete this form and return to Sturry Pre-School, Park View, Sturry. CT2 0NR or e-mail to sturrypreschool@btconnect.com. Thank you.

**Child Details**

|  |  |  |
| --- | --- | --- |
| First name | Surname  | DOB |
|  |  |  |
| Address |
|  |

**Parent/Carer Details**

|  |  |
| --- | --- |
| **First Name** | **Surname** |
|  |  |
| **Telephone no.** | **Mobile no.** | **e-mail address** |
|  |  |  |

Is the child registered with any other provider? Yes / No If yes please complete:

|  |  |  |
| --- | --- | --- |
| **Name of setting** | **Days attending** | **My child will be remaining with his setting once at Sturry Pre-school** |
|  |  | **Yes/No** |

We welcome all families into our group, please indicate if your child or family have any additional or special needs that you would like to discuss before starting pre-school. Please

tick.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English as an additional. (If yes please state home language).  |       | Disabilities / medical conditions.  |   | DLA applied or in receipt of/Paediatrician involvement? |   |
| Any other information i.e. outside agencies/professionals, Portage, Ethnic / religious requirements:    |

I confirm that the above information is accurate.

Signed Date

Print Name

Please could you complete the sessions that you would prefer. I cannot guarantee that these will be available or that we will be able to offer the full hours that the government is funding for your child, but I will try my best to accommodate you. Could you also indicate any sessions that you are unable to use due to work commitments or where your child attends another setting.

|  |  |  |
| --- | --- | --- |
| Monday  | 9.00-12.00  | 12.00-3.00  |
|   |   |
| Tuesday  | 9.00-3.00  |
| (children starting school Sept only)  |
| Wednesday  | 9.00-12.00  | Staff Development No children to attend  |
|   |
| Thursday  | 9.00-12.00  | 12.00-3.00  |
|   |  |
| Friday  | 9.00-12.00  | 12.00-3.00  |
|   |   |

**All families are required to visit the setting in person prior to being offered a placement. Please call 01227 719577 to arrange a visit or send us an email. Thank you.**

|  |  |
| --- | --- |
| Name of any siblings attending or who attended Sturry Preschool  |  |
|  | **Yes** | **No** |
| Have you applied for Free for two funding?  | **Yes** | **No** |
| Are you eligible for 30 hours funding?  | **Yes** | **No** |
| Primary School hoping to attend (Application must be made by the parent to KCC direct) |  |
| Where did you hear about us? |  |

**For Pre-school use:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Children attending school the following September and not attending another setting  |   | Siblings already attending the pre-school   |
|   | Length of time on the waiting list  |   | Funded children FF2 / 3&4  |
|   | Families who have used the group previously  |   | SEND  |
|   | School due to attend  |   | Proximity to setting  |
|   | Children not placed with any other provider  | Date Received:   |