## 10.3 CHILD APPLICATION TO JOIN FORM



YES / NO

(parent/carer to fully complete and return)

| Child's personal details:  |                          |                   |
|--|--------------------------|-------------------|
| First name(s):   |                          |                   |
| Surname:   |                          |                   |
| Date of birth:   | Gender:                  |                   |
| Full address:  |                          |                   |
|  |                          |                   |
| Does your child have any additional needs or require additional support?  If yes, please give a brief explanation: |                          | YES / NO          |
| if yes, piease give a biter explanation.   |                          |                   |
| Is English spoken as an additional language?   |                          | YES / NO          |
| If yes, please state what your child's first language  |                          |                   |
|  |                          |                   |
| Parent/carer's information: (at least one  |                          | المائمة ماميني    |
| (1) First name(s):   | parent/carer must reside | with above child) |
| Surname:   |                          |                   |
| Relationship to child:   |                          |                   |
| ·  |                          |                   |
| Full address (if different to above):  |                          |                   |
| Mobile number:   |                          |                   |
| Home number:   |                          |                   |
| Work number:   |                          |                   |
| Email address:   |                          |                   |
| Do you have parental responsibility for the above  | mentioned child?         | YES / NO          |
| (2) First name(s):   | mentioned cilia:         | 1137 NO           |
|  |                          |                   |
| Surname:   |                          |                   |
| Relationship to child:   |                          |                   |
| Full address (if different to above):  |                          |                   |
|  |                          |                   |
| Mobile number:   |                          |                   |
| Home number:   |                          |                   |
| Work number:   |                          |                   |
| Email address:   |                          |                   |

Do you have parental responsibility for the above mentioned child?

| Preferred start date:  |   |   |                          |          |                                       |                   |
|--|---|---|--------------------------|----------|---------------------------------------|-------------------|
|  |   |   |                          |          |                                       |                   |
|  |   | :1                                      |                          |          |                                       |                   |
| Please tick the sessior<br>NOTE: Children that are 2ye   | •                                       | •                                       |                          | rnina se | essions for th                        | neir first term). |
| SESSION  | MONDAY                                  | TUESDAY                                 |                          |          | URSDAY                                | FRIDAY            |
| Breakfast Club   |   |   |                          |          |                                       |                   |
| 08.15-09.00  |   |   |                          |          |                                       |                   |
| Morning  |   |   |                          |          |                                       |                   |
| 09.00-12.00  |   |   |                          |          |                                       |                   |
| Lunch Club   |   |   |                          |          |                                       |                   |
| 12.00-12.45<br>Afternoon   |   |   |                          |          |                                       |                   |
| 12.45-15.45  |   |   |                          |          |                                       |                   |
| 12. 13 13. 13  |   |   |                          |          |                                       |                   |
| Vill your child be fund  | ded (tick relev                         | ant box be                              | low):                    |          |                                       |                   |
| No   | 2 year old                              | d funded                                | 3/4 year old fund        | ded      | 30 hours funded                       |                   |
|  |   |   |                          |          |                                       |                   |
|  |   |   |                          |          |                                       |                   |
| hio amplianting places   |   |   | at Manuill against       |          |                                       | ممام مامامند      |
| his application places recomes available. Plea   | •                                       | _                                       |                          | •        |                                       | •                 |
| ccomes available. Tiet   | ise note that co                        | inpiction of                            | tills for ill does not g | suui ui  | itee a piac                           | e for your crima. |
| nce your child is offere   | ed a place and y                        | ou accept it                            | further personal in      | forma    | tion and fa                           | amily details are |
| equired for our record   | ds using our 'C                         | hild Registra                           | ntion Form', which       | will n   | eed fully                             | completing and    |
| eturning prior to your   | child's start dat                       | e. A copy of                            | your child's birth c     | ertifica | ate is also                           | required at this  |
| oint.  |   |   |                          |          |                                       |                   |
| 6:   |   |   | : <b>f</b>               |          | -:l-l-                                |                   |
| you find that you no lo  | onger need the                          | piace, piease                           | e inform us as soon      | as pos   | sible.                                |                   |
| hereby sign to confirm   | that all inform                         | ation comp                              | eted in this form is     | accura   | ate and co                            | rrect and that I  |
| vill notify Bizzy Bees Pr  |   | -                                       |                          | accart   | ate and co                            | nece and enace    |
| , ,  |   | , 0                                     | •                        |          |                                       |                   |
| Signed (parent/carer 1)  |   |   | Date                     |          |                                       |                   |
|  |   |   |                          |          |                                       |                   |
| rint name  |   |   |                          |          |                                       |                   |
|  |   |   |                          |          |                                       |                   |
| Signed (parent/carer 2   | ١                                       |   |                          | Dat      | Δ.                                    |                   |
| ngrica (parent) carer 2  | <i>,</i>                                | • |                          | Dat      | · C · · · · · · · · · · · · · · · · · |                   |
|  |   |   |                          |          |                                       |                   |
| rint name  |   |   |                          |          |                                       |                   |
| rint name  |   |   |                          |          |                                       |                   |
| lease be advised that t  | his application f                       | form and off                            | er of a place is subje   |          |                                       | are terms and     |
| Print name<br>Please be advised that to<br>conditions' (Policy 10.13<br>acknowledge that you h | his application f<br>B - available to v | form and off<br>riew on our v           | er of a place is subje   | * this   | document                              | are terms and     |