**Application form for interest in starting Eastern Green Preschool Playgroup**

**Childs Name** ……………………………………………………….. **Date of birth**……………………………………………..

**Parents 1**

Contact Name(s)…………………………………………………………Relationship to child………………..……………………..

Address …………………………………………………………………………………………………………………………………….….

Post Code …………………………

Contact Phone number……………………………………………………………………………….

**Parent 2 - if different from above**

Name ………………………………………………………………………Relationship to child……………………………..

Address ……………………………………………………………………………………………………………………………….….

Post Code …………………………

Contact phone number………………………………………………………

**Can you please tick what sessions you would like your child to do if available?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM2.5 hours | AM2.5 hours | AM2.5 hours | AM2.5 hours | AM2.5 hours |
| LC1 hour | LC1 hour | LC1 hour | LC1 hour | LC1 hour |
| NO SESSION | PM hours2.5 hours | PM2.5 hours | NO SESSION | PM2.5 hours |

**Starting on this date if available………………………………………………………………..**

Is your child eligible for 15 hours free funded yes / no?

How many funded hours will your child claim ……….hours

What will your child’s actual hours be in total ……………hours

Please return form to preschool and we will contact you ASAP to arrange an induction

Thankyou for visiting our preschool