10.3 Application to join

[Name of provider]'s Application Form
[Address]
[Telephone number and email address]
[Charity Number and/or Company Registration Number]

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

[Breakfast]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
[Morning]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
[Lunch]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
[Early afternoon]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday
[Late afternoon]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday

This application places your child on [our/my] waiting list. [We/I] will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform [us/me] 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).

Signed parent/carer (1): _____   Date: _____

Signed parent/carer (2): _____   Date: _____

Please be advised that this application form and offer of a place is subject to [our/my] terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

For office use only:

Deposit paid: _____   Date paid: _____

- -
Tear off the following part to return to the parent(s)

A place will be available for _____ (child's name)

* on _____ (date)   * or; we will notify you when a place becomes free.

Signed on behalf of the provider: _____

Name: _____   Job title: _____

*Please delete whichever is not applicable.