

01865 392101

Please complete this form if you would like your child to join Marcham Pre-school.

|  |  |
| --- | --- |
| **Child’s full name** |  |
| **Known as** |  |
| **Date of birth**  |  |
| **Date you would like your child to start** |
| **Number of mornings, lunches, full days required.**  | **Mornings****Lunches****Full days** |
|  |  |
| **Eligible funding** | **2 year funding****Universal ¾ year old (15 hours)****Exended ¾ year old (30 hours)****None** |
| **You can check your funding entitlement at** [**www.childcarechoices.gov.uk**](http://www.childcarechoices.gov.uk) |
|  |  |
| **Parents/carers who live with the child** | **Parents who do not live with the child****(if applicable)** |
| Name: | Name: |
| Address: | Address: |
| Phone number: | Phone number: |
| Email: | Email: |
| Does this person have parental responsibility? | Does this person have parental responsibility? |
| **Signature:** | **Signature:** |  |
| **Parents/carers who live with the child** |  |
| Name: | Is your child or your family known, or have ever been known to social care? (social services, social worker, TAF, early help, etc.). We may need to ask about this.Is there anything else you would like to share with us at this time? Please use the space overleaf if necessary.  |
| Phone number: |
| Email: |
| Does this person have parental responsibility? |
| **Signature:** |

**Please ensure that all parents/carers with parental responsibility have signed above.**

**Date received:**