| **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: |  |
|  | E-Mail address: |  |  |
| 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:* |
| Morning 9-12 | □ Monday |  □Tuesday | □ Wednesday | □ Thursday | □ Friday |
| Lunch 12-12:30 | □ Monday |  □Tuesday | □ Wednesday | □ Thursday | □ Friday |
| Afternoon 12:30- 15:00 | □ Monday |  □Tuesday | □ Wednesday | □ Thursday | □ Friday |
| Please note: Once your child is offered a place with us; all registrations are subject to a **non-refundable £30 administration fee** per family, (in the case where you are registering multiple children only one fee of £30 is payable), this can be paid via cash/bank transfer.Helmdon Acorns30-11-08 00440059Please use your child’s name as the reference.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 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 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) |
| \*  |  | (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.