



REGISTRATION FORM

Childs Christian Name

Surname **Male/Female** (delete as appropriate)

D.O.B.

Parents Name

Address

.....

.....

..... **Post Code**

Telephone Nos. - Home **Mobile**

E-Mail Address

Childs Nationality **Parents Nationality**

Have you applied to, or does your child attend any other Early Years Provider? **Yes / No**

If yes, please state the name of the setting that he/she attends (i.e: Pre-school, Crèche, Nursery)

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If you are wishing to transfer from another setting please outline your reasons for doing this

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Does your child have any Medical conditions/Additional needs/Disabilities/ Dietary requirements **Yes / No**

If yes please give brief details below (Please note this information will in no way affect your child's enrolment at the Pre-school)

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How did you hear about us? (Friends, Advert etc.)

Our main intake is in September, however, subject to availability your child can start at any time.

Are you in receipt of Two Year old funding (15hrs) **Yes / No**
(for more information on this funding visit www.devon.gov.uk/2gether)

When returning this form please provide evidence of your entitlement to the Two Year old funding

The Early Years Entitlement Funding (EYEF – 15hrs) starts the term after your child's 3rd birthday (for more information on this visit www.devon.gov.uk/eyef)

Are you eligible or in receipt of 30 hour funding **Yes / No**
(Please refer to childcarechoices.gov.uk)

I would like my child to start the week after their 2nd birthday **Yes / No**
(subject to availability)

I would like my child to start in the September following their 2nd birthday **Yes / No**

I would like my child to start Cullompton Pre-school in
(subject to availability)

When my child starts at Cullompton Pre-school I would like them to attend forHours*

***We recommend that all children attend a minimum of 2 sessions over two different days**

Our hours are

Monday to Friday 9.10am – 12.10pm (3hrs) 12.10pm- 3.10pm (3hrs) or 9.10am – 3.10pm (6hrs)

Thank you for completing this form. In the meantime if you have any enquiries please contact our Administration Manager, Mrs Mandy Goff on (01884) 35018.

Please be assured that all information will be treated in confidence.

Parents Signature..... **Date**.....

This form registers your interest only and does not guarantee you sessions within our group. Please keep us informed of any changes to these details. Thank you

Data Protection:- This information is required in order to register your interest in Cullompton Pre-School. It will only be used for the purpose for which it is intended and will not be shared with any third parties. It will be retained until either your child starts at Cullompton Pre-School and is replaced with an Admission Form or until it is no longer required. You may ask us to remove your information from our 'waiting list' at any time.