New Studio Preschool Application Form

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| --- | --- |
| Childs Full Name |  |
| Gender  |  |
| DOB  |  |
| Full Address & Postcode |  |
| Parent Name/s |  |
| Contact Number/s |  |
| Email (please print) |  |
| Does your child have any special /medical needs?  |  |
| Does your child attend any other childcare settings? |  |
| Is your child eligible for 2 Year Programme? | NoYes - Busy Bees Number  |
| Is your child eligible for 15/30 hours Funding  | 15 Hours 30 Hours - Code  |
| Days you require  | M T W T F |
| Term child eligible to start  |  |
| How did you hear about us?  |  |
| Staff Name  |  |
| Staff Signature  |  |
| Date  |  |
|  |  |
| Date Place Offered  |  |
| Days Offered  |  |
| Start Date  |  |
| Place Wanted  |   |
| Place Refused  |  |