

To place your child’s name on our waiting list please fully complete this form and return to Sturry Pre-School, Park View, Sturry. CT2 0NR or e-mail to sturrypreschool@btconnect.com. Thank you.

**Child Details**

|  |  |  |
| --- | --- | --- |
| First name | Surname | DOB |
|  |  |  |
| Address | | |
|  | | |

**Parent/Carer Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | | **Surname** | |
|  | |  | |
| **Telephone no.** | **Mobile no.** | | **e-mail address** |
|  |  | |  |

Is the child registered with any other provider? Yes / No If yes please complete:

|  |  |  |
| --- | --- | --- |
| **Name of setting** | **Days attending** | **My child will be remaining with his setting once at Sturry Pre-school** |
|  |  | **Yes/No** |

We welcome all families into our group, please indicate if your child or family have any additional or special needs that you would like to discuss before starting pre-school. Please

tick.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English as an additional. (If yes please state home language). |  | Disabilities / medical conditions. |  | Does your child have an Education  Health Care  Plan (EHC) |  |
| Any other information i.e. outside agencies/professionals,Portage, Ethnic / religious requirements: | | | | | |

I confirm that the above information is accurate.

Signed Date

Print Name

Please could you complete the sessions that you would prefer. I cannot guarantee that these will be available or that we will be able to offer the full hours that the government is funding for your child, but I will try my best to accommodate you. Could you also indicate any sessions that you are unable to use due to work commitments or where your child attends another setting.

|  |  |  |
| --- | --- | --- |
| Monday | 9.00-12.00 | 12.00-3.00 |
|  |  |
| Tuesday | 9.00-3.00 | |
| (children starting school Sept only) | |
| Wednesday | 9.00-12.00 | Staff Development  No children to attend |
|  |
| Thursday | 9.00-12.00 | 12.00-3.00 |
|  |  |
| Friday | 9.00-12.00 | 12.00-3.00 |
|  |  |

|  |  |  |
| --- | --- | --- |
| Name of any siblings attending or who attended Sturry Preschool |  | |
| Do you use our Parent & Toddler Group? | **Yes** | **No** |
| Have you applied for Free for two funding? | **Yes** | **No** |
| Are you eligible for 30 hours funding? | **Yes** | **No** |
| Primary School hoping to attend (Application must be made by the parent to KCC direct) |  | |
| Where did you hear about us? |  | |

**For Pre-school use:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Children attending school the following September and not attending another setting |  | Siblings already attending the pre-school |
|  | Length of time on the waiting list |  | Funded children FF2 / 3&4 |
|  | Families who have used the group previously |  | SEND |
|  | School due to attend |  | Proximity to setting |
|  | Children not placed with any other provider | Date Received: | |