**Eldene Pre-School & Toddlers**

Eldene Community Centre, Eldene, Swindon, Wilts SN3 3RZ

Telephone Number: 075 999 50857 or 01793 488802

E-mail address: [eldenepreschool@live.co.uk](mailto:eldenepreschool@live.co.uk)

Charity Number: 1024522 Ofsted Number: 507879

**Application to join setting**

**Personal details:**

First name(s) of child: …………………………………………………………………………………………….

Surname of child:……………………………………………………………………………………………………

Date of birth: ……………………………………………………………… Male/Female (please circle)

Full address: …………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………….

………………………………………………………………………………………Postcode……………………….

Parent/carer name (1) …………………………………………………………………………………………….

Relationship to child: ………………………………………………………………………………………………

Full address: (if different) …………………………………………………………………………………………

……………………………………………………………………………………………………………………………….

……………………………………………………………………………………. Postcode…………………………..

Daytime/work tel: ……………………………………………Mobile: ……………………………………………

E-Mail address:…………………………………………………………………………………………………………

Parent/carer name (2) ………………………………………………………………………………………………

Relationship to child: ………………………………………………………………………………………………..

Full address: (If different)………………………………………………………………………………………….

……………………………………………………………………………………………………………………………….

……………………………………………………………………………………….Postcode…………………………

Daytime/work tel: …………………………………………Mobile…………………………………………………

E-Mail address:………………………………………………………………………………………………………….

**Session request**

Preferred start date: ……………………………………………………………………………………

Please indicate the days and times you would like your child to attend:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Time from |  |  |  |  |  |
| Time to |  |  |  |  |  |
| I would like my child to attend Term-time only | | | | Yes/No (please indicate preference) | |
| I would like my child to attend 50 weeks per year | | | | Yes/No (please indicate preference) | |

Are you claiming two year old funding? Yes/No (please circle) Code: ……………………………………………

Are you claiming three/four year old funding? Yes/No (please circle)

Are you claiming 30 hours funding for working parents? Yes/No (please circle)

My 11-Digit code is: ……………………………..…………….

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child’s birth certificate is required at this point 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.**