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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| behappy.png | | | | | | | | | | | | | | | | | Be Happy Preschool  St. Paul’s Church  Stoke Road  Slough  SL2 5AS | | | | | | | | | | | | | | |
| **Application Form – St. Paul’s Church** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name(s) of child: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Surname of child: | | | | | | | |  | | | | | | | | | | | | Date of birth: | | | | | | |  | | | | |
| Full address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Postcode: | | | | |  | | | | | | |
| Gender (Male/Female) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/carer name (1): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full address (if different): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Postcode: | | | | |  | | | | | | |
| Daytime/work tel: | | | | | |  | | | | | | | Home: | | |  | | | | | | Mobile: | | | | | |  | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/carer name (2): | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to child: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Full address (if different): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Postcode: | | | | |  | | | | | | |
| Daytime/work tel: | | | | | |  | | | | | | | Home: | | |  | | | | | | Mobile: | | | | | |  | | | |
| Email Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Session request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred start date: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *Please tick the sessions you would like your child to attend:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Morning (9-12) | | | | | | | | | | | □ Monday | | | □ Tuesday | | | | | □ Wednesday | | | | | | | □ Thursday | | | | | □ Friday |
| Afternoon(12-3) | | | | | | | | | | | □ Monday | | | □ Tuesday | | | | |  | | | | | | | □ Thursday | | | | | □ Friday |
| All Day (9-3) | | | | | | | | | | | □ Monday | | | □ Tuesday | | | | |  | | | | | | | □ Thursday | | | | | □ Friday |
| 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 with a copy made for our file.  If you find that you no longer need the place, please inform [us/me] as soon as possible. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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) | |
| \* on | |  | | | | | | | | | | | (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.