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| behappy.png | Be Happy PreschoolSt. Paul’s ChurchStoke 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.