

Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Childs Details** |  |  |  |
| First Name |  | Surname |  |
| Gender |  | Date of Birth |  |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer Details** |  |  |  |
| Title / First Name |  | Surname |  |
| Home telephone number |  | Mobile number |  |
| Work number |  | Email |  |
| National Insurance Number  |  |  | Please circle **YES** or NO if you give us permission to contact the Free School Meals service to check eligibility for Early Years Pupil Premium.  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Bill Payers Details (if different from above)** |  |  |  |
| Title / First Name |  | Surname |  |
| Home telephone number |  | Mobile number |  |
| Work number |  | Email |  |

**Start date and session Times**

I would like my child’s start date to be…………………………………………………………...

Please mark the session times you require (for a full day please tick all relevant boxes in the row for that day).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 8am-9am | 8:30am – 9am | 9am–1pm  | 1pm-5pm | 5pm – 5:30pm | 5pm–6pm |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |

Please note - On confirmation of this booking (usually within 3 days of the form being returned) you will be required to make payment of your first months fees as per our terms and conditions attached.

When my child receives their Early Years Entitlement (the term after they are three) I would like them to attend the following hours (if you are in receipt of 30 hours funding this equates to 23 hours per week all year round).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 8am-9am | 8:30am – 9am | 9am–1pm | 1pm-5pm | 5pm – 5:30pm | 5pm–6pm |
| Mon |  |  |  |  |  |  |
| Tues |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |
| Thurs |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |

A deposit of £100 will be required on confirmation of booking.

Declaration

I understand that the hours I have requested will be confirmed in the term before my child’s start date. I understand that once these hours are confirmed I am committed to these sessions and these sessions are payable for the following term. I understand that hours cannot be changed mid-term and should I wish to terminate my contract with Free Rangers Forest schools Ltd I must give notice of one calendar month in writing.

Signed………………………………………..

Print ……………………………………...

Date……………………………………….