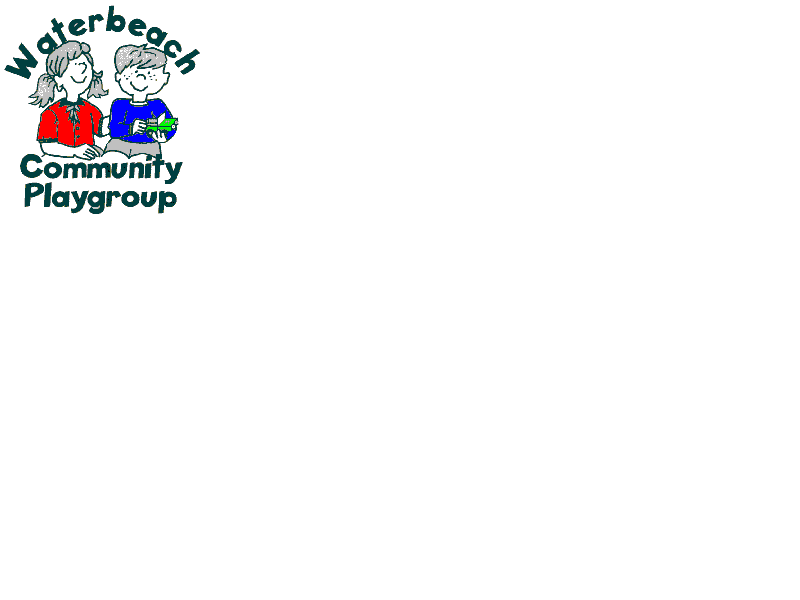
****Application to Join

|  |  |
| --- | --- |
| ***Child’s Details***  *Please note we ask to see a proof of the child’s identity before they start e.g. birth certificate, passport, NHS card* | |
| Child’s Legal Forename: |  |
| Child’s Legal Surname: |  |
| Child’s Middle Name: |  |
| Child’s Preferred Forename: |  |
| Child’s Preferred Surname: |  |
| Child’s Date of Birth: |  |
| **Address where child lives:** | |
| House/ Flat No/ Name:  Street Address:  Town:  Postcode: | |
| **Parent/ Guardian/ Carer Details** | |
| 1. Name:   Address:  Postcode:  Relationship to child:  Has parental responsibility: yes/ no | Telephone Numbers  Home:  Work:  Mobile:  e-mail address: |
| 1. Name:   Address:  Postcode:  Relationship to child:  Has parental responsibility: yes/ no | Telephone Numbers  Home:  Work:  Mobile:  e-mail address: |
| **Playgroup Details** | |
| **All our sessions are open to all children from their 2nd birthday. Session Applied for (Please circle preferred sessions)** *We will make every attempt to meet your preferences, but if we are not able to we will offer an alternative where possible*.**:** | |
| **Preferred Start Date:** | **Term:**  **Autumn 23, Spring 24, Summer 24**  **Actual Date (if known):** |
| Morning Session *9 am to 12 noon (3 hours)* | Monday, Tuesday, Wednesday, Thursday, Friday |
| Lunch session *(parents/ carers provide packed lunch) 12noon to 12.30pm (1/2 hour)* | Monday, Tuesday, Wednesday, Thursday, Friday |
| Afternoon Session *12.30pm to 3.00pm (2.5 hours*) | Monday, Tuesday, Wednesday, Thursday, Friday |
| How will your child’s fees be covered? Please circle one or more, as applicable*.* | County Council Funding (Universal)  County Council Funding (Extended 30 hours)  Childcare Vouchers  Cash/ Cheque |
| This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available.  Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. We will also ask you to review the information given here to ensure that it is still correct. Your child’s birth certificate, passport or NHS card will be required at this point to verify their age and identity.  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 which can be viewed on request or on our website* [*www.waterbeachplaygroup.org.uk*](http://www.waterbeachplaygroup.org.uk)*)* | |
| **Parent/ Guardian Name (Block capitals):………………………………………………………………………………………**  **Signature: …………………………………………….. ……… Date:……………………………………………………….** | |
| **To be completed by Playgroup** | |
| *Date form received: Date updated :* | |
| *Key Person:* | |
| *Date confirmed: Days Confirmed:* | |
| *Start Date:* | |
| *Registration Fee Paid:* | |

**Please return to:**

**Waterbeach Community Playgroup**

**The Playhouse**

**School Grounds**

**High Street**

**Waterbeach**

**Cambridge CB25 9JU**

**Or by email to: info@waterbeachplaygroup.org.uk**