



REGISTRATION FORM

Childs first Name.....

Surname..... **Male/Female** (delete as appropriate)

D.O.B.

Parents Name.....

Address
.....**Post Code**.....

Telephone Nos. - Home **Mobile**

E-Mail Address.....

Childs Nationality..... **Parents Nationality**.....

Have you applied to, or does your child attend any other Early Years Provider? **Yes / No**

If yes, please state the name of the setting that he/she attends (i.e. Pre-school, Crèche, Nursery)

.....

If you are wishing to transfer from another setting please outline your reasons for doing this

.....

Does your child have any medical conditions/dietary requirements/allergies **Yes* / No**

If yes please give brief details:

.....

Does your child have any additional needs i.e. speech and language, sensory issues, ASD, physical disabilities? **Yes* / No**

If yes please give brief details below

.....

Do you have any concerns about your child's development i.e. delays in speech, mobility, hearing concerns etc? **Yes* / No**

If yes please give brief details below

.....

*please note this information will in no way affect your child's enrolment at our Pre-school

How did you hear about us? (Friends, Advert etc.).....

Our main intake is in September, however, subject to availability your child can start at any time.

Are you in receipt of Two Year old funding (15hrs) **Yes / No**
(for more information on this funding visit www.devon.gov.uk/2gether)

When returning this form please provide evidence of your entitlement to the Two Year old funding

Working Families Entitlement Funding (WFEF – The term after their 2nd bth 2yrs olds are entitled to 15hours, the term after their 3rd bth 3year olds are entitled to 30hrs)

Are you in receipt of Working Families Entitlement Funding **Yes / No**

Further information about funding can be found at www.childcarechoices.gov.uk

I would like my child to start the week after their 2nd birthday **Yes / No**
(subject to availability)

I would like my child to start in the September following their 2nd birthday **Yes / No**

I would like my child to start Cullompton Pre-school in
(subject to availability)

When my child starts at Cullompton Pre-school I would like them to attend forHours*

***We recommend that all children attend a minimum of 2 sessions over two different days**

Our hourly rates can be found on our website www.cullomptonpreschool.org

Our hours are Monday to Friday 9.05am – 12.05pm (3hrs) 12.05pm- 3.05pm (3hrs) or 9.05am – 3.05pm (6hrs)

We also offer Wrap Around Care currently on a Wednesday & Thursday 8.05am – 9.05am and 3.05pm – 4.35pm

I would like Wrap around Care for my child **Yes / No**

Thank you for completing this form. In the meantime if you have any enquiries please contact our Administration Manager, Mrs Mandy Goff on (01884) 35018.

Please be assured that all information will be treated in confidence.

Parents Signature..... **Date**.....

This form registers your interest only and does not guarantee you sessions within our group. Please keep us informed of any changes to these details. Thank you

Data Protection:- This information is required in order to register your interest in Cullompton Pre-School. It will only be used for the purpose for which it is intended and will not be shared with any third parties. It will be retained until either your child starts at Cullompton Pre-School and is replaced with an Admission Form or until it is no longer required. You may ask us to remove your information from our ‘waiting list’ at any time.