



## REGISTRATION FORM

**Childs Full Name**.....

**Date Of Birth**..... **Gender** .....

**Parents Name**.....

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

**Telephone No** .....

**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 [Funded care and education for two-year-olds - Children, families and education](#)

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

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

Further information about funding can be found at [Best Start in Life - Best Start in Life](#)

**I would like my child to start the week after their 2<sup>nd</sup> birthday**

(subject to availability) **Yes / No**

**I would like my child to start in the September following their 2<sup>nd</sup> 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 for .....Hours\*

Our hours are Monday to Friday **AM** Session 9.05am – 12.05pm (3hrs) **PM** session 12.05pm- 3.05pm (3hrs) or **All day Session** 9.05am – 3.05pm (6hrs)

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

All our fee prices can be found on our website [www.cullomptonpreschool.org](#)

**Wrap Around Care**

*We also offer Wrap Around Care currently on Tuesday, Wednesday & Thursdays in the morning and afternoon 8.05am – 9.05am and 3.05pm – 4.35pm*

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

**We offer Holiday Club throughout the year, more information is available.**

**I would be interested in Holiday Club for my child** **Yes / No**

Thank you for completing this form. In the meantime, if you have any enquiries please contact the office 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 setting. 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.