**LITTLE ARK PRESCHOOL APPLICATION FORM**

**Wesley School Road, Ashford, Kent,TN23 5LW, 01233 614665**

**Please complete this form and return it to us.  Your application will be held on file until a suitable place becomes available.**

CHILD’S FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth   \_\_\_\_/\_\_\_\_/\_\_\_\_                      Male/Female (please circle)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you qualify for? - please visit [www.childcarechoices.gov.uk/](http://www.childcarechoices.gov.uk/) for details – (please circle)

* Free for Two? Yes / No
* 15 Hours Free Early education Yes / No
* 2yr Old Funding Yes / No
* 30 Hours Free Childcare Yes / No

Does your child attend another setting? Yes\* / No \*If Yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When would you like your child to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate with a tick, the days and sessions you would prefer your child to attend (minimum of 2).  We will do our best to accommodate your wishes, but this cannot be guaranteed.  Other sessions may be offered if we have limited space available.  We will need to see your child’s FULL birth certificate before they start (to confirm Date of Birth and parental responsibility) along with your childs red book.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 8.45-11.45am | 11.45-2.45 | 8.45-2.45 | Total Number of hours preferred |
| Monday |  |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

English as an Additional Language Y / N (please circle)

Does your child have any special or additional needs, or are you concerned in any way about his/her development (this will help us to ensure your child’s needs are fully provided for?. Yes / No  If yes, please give brief details here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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We will contact you during the term before your requested start date.  Please remember to advise us if your address or phone number changes or you no longer require a place?

How did you originally hear about Little Ark Preschool? Recommended by: (Please circle)

          Health Visitor            Friend             Relative            Website            Other

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use only:** Received  \_\_\_\_/\_\_\_\_/\_\_\_\_    Visit \_\_\_\_/\_\_\_\_/\_\_\_\_  Starter pack sent \_\_\_\_/\_\_\_\_/\_\_\_\_

FF2 Conf  Y / N    30hrs Conf  Y / N 2Yr Old Funding Y / N