

The Little Ark

**Application Form**

**Child’s First Name:** …………………………………………S**urname:** ………………………………

Date of Birth: ………………………………… Male / Female

Address: ……………………………………………………………..…………………………………………

…………………………………………………………… Post Code ……………………………………….

Contact Number Home: ……………………………… Mobile: ………………………………….

Email Address: ………………………………………………………………………….

Anticipated Start Date: …………………………………………………………

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

* Free for Two – YES / NO
* 15 Hours Free Early Education – YES / NO
* 30 Hours Free Childcare – YES / NO

Does your child attend another setting? …………………………………………………………….

Where did you hear about us? …………………………………………………………………..

Sessions required if available (minimum of 2 sessions) please tick all that apply

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Morning |  | Afternoon |  |
| Monday | 08.45-11.45 |  | 11.45-2.45pm |  |
| Tuesday | 08.45-11.45 |  | 11.45-2.45pm |  |
| Wednesday | 08.45-11.45 |  | 11.45-2.45pm |  |
| Thursday | 08.45-11.45 |  | 11.45-2.45pm |  |
| Friday | 08.45-11.45 |  | 11.45-2.45pm |  |

Parent/Carer Name: ……………..…………………………… Date: ……………………………………………

*We use your personal data only for the purpose for which it is given and store it in accordance with the General Data Protection Regulations. September 2022*