**Application to join Beehive Pre-school **

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| **Child’s First Names:**  **Known as:** | **Child’s Surname:** |
| **Date of Birth: DD/MM/YYYY** | Gender : **Please tick 🗹** Female ❑ Male ❑ |
| Full Name of Mother or Parent/Carer 1: | Full Name of Father or Parent/Carer 2: |
| Address:  Telephone Numbers:  Email Address *(please print clearly below)*:  How long have you lived at this address? | Address:  Telephone Numbers:  Email Address *(please print clearly below)*:    How long have you lived at this address? |
| Profession of Parent 1: | Profession of Parent 2: |
| **Some children may be entitled to 2 year old funding. All children are entitled to 15 hours (5 funded sessions)**  **from the term after their 3rd birthday. Some children will qualify for 30 hours (10 funded sessions).**  Do you have 2 year old funding? Yes / No Are you interested in a non-funded 2 year old place? Yes / No  Do you have a 30 hour code or will you need 30 hours? Yes / No Code:  Please circle the number of hours required per week: 15 hours or 30 hours | |
| We provide milk or water for the children at snack time. Milk Water (please indicate)  Please advise if your child would like milk or water or both. | |
| Child’s first language: | Languages spoken at home: |
| Does your child have any allergies? Yes / No  Please give details:  Does your child need an EpiPen? Yes / No | Please circle your child’s food requirements:  Vegan Vegetarian Halal / Kosher / Other |
| Does your child require any additional support or do they already have an Educational Health Care Plan in place?    Yes / No (*Please continue on a separate sheet if necessary*) | |
| Do you have any siblings past or present at Beehive? | Has your child attended another playgroup, preschool,  nursery or childminder? Please name below: |
| How did you hear about Beehive Pre-school? | |
| **I declare that the above information is correct and if it changes, I will inform Beehive Pre-school. If I no**  **longer require a space at Beehive Pre-school I will notify you immediately.** | |
| **Signed Parent / Guardian:** | **Print Name:** |
| **Date:** |
| **Please return to:** beehivepreschool@hotmail.co.uk  Beehive Pre-school, Holmanleaze, Maidenhead, SL6 8AW  Tel: 01628 777243 | **Office Use Only**  **Date Application Received:** |

*In line with the GDPR this application form will be destroyed if you do not take up the offer of a place.*