



CHILD APPLICATION FORM

Child's First Name(s)

Child's Surname

Address

Date of Birth

Boy

Girl

Proposed date for admission

I am applying for:
(please tick)

A Full Year Place
(Available to all children)

A Term Time Only Place
(38 weeks per year, fun funding eligible children only)

I would like my child to attend the following sessions (please tick)

Daily Start Time (Term Time Only places)

Daily Finish Time (Term Time Only places)

MORNING					AFTERNOON				
M	T	W	T	F	M	T	W	T	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note we have a 3-hour minimum for any session not including the lunch hour, therefore AM sessions must be at least 8.45am – 11.45am and PM sessions must be at least 12.45pm- 3.45pm.

Children under 3 who are not yet eligible for funding attend full AM and/or PM sessions on a Full Year Contract. Please see our Fee Document for a full list of session options for each age group.

My child is/will be eligible for the following funding:
(please tick)

Free Early Years Entitlement 3+ years - 15 hours per week
(universal offer)

Free Early Years Entitlement 3+ years – 30 hours per week
(extended offer - subject to eligibility – code from Slough Borough Council required)

Free Early Years Entitlement 2+ years – 15 hours per week
(subject to eligibility – code from Slough Borough Council required)

No funding options currently apply to my child



CHILD APPLICATION FORM

Parent/Carer 1

Parent/Carer 2

Title (e.g. Mr/Mrs/Dr),
first name & family name

Address
(if different from child)

Home telephone number

Mobile telephone number

Work telephone number

E-mail address

Relationship to this child

Who has legal
responsibility for
this child?

Does your child have
any special educational
needs that you are
aware of?

Signed*

Parent/Carer 1
*Signatures not required if returned by e-mail

Parent/Carer 2
*Signatures not required if returned by e-mail

Date