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| --- | --- |
| **Full name of child:** |  |
| Child’s Date of Birth: |   |
| Full address: |   Postcode: |
| Full name of parent/carer:  |  |
| Parent/Carer NI number: |  |
| Telephone Numbers: |  |
| Email address:(Please Print) |  |
| Does your child have any additional needs? YES/NOIf you believe your child does have additional need and may need extra support, please speak to the SENCo team –Kath Childs – Manager / Sian Cox - Deputy. |
| Sessions required:(Please circle) | AM / PM / All dayMon Tues Wed Thurs Fri |
| Signature of Parent/Carer: |  |
| Date of Application: |  |

For use by “St.Chads Preschool only

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| --- | --- |
| Date Application received: |  |
| Additional Information: |  |