

Application Form

I would like to apply for	a place for my child, sta	irting: (please indi	cate your choice from the	ne options below)		
☐ September 25 (Autumn 7	Term) 🗌 January 26 (Spr	oring Term) April 26 (Summer Term)			☐ Other	
My preferred days are: Morning Session 09:00– 12:00, £27.00 per s		ate)				
☐ Monday	☐ Tuesday	□ Wedr	esday	☐ Thursday		Friday
Lunch Club 12:00 – 13:00, £8.00 per s						
☐ Monday	☐ Tuesday	□ Wedne	sday	☐ Thursday		Friday
Afternoon Session 3 hour afternoon sessions	12:00– 15:00, £25.50 per					
☐ Monday	☐ Tuesday	☐ Wedne	sday	☐ Thursday		Friday
<u>Full Day Session</u> 6 hour full day sessions 09	:00 - 15:00, £48.00 per ses	ssion				
☐ Monday	☐ Tuesday	We	dnesday	☐ Thursday		Friday
Available for children 15 hours early For children aged 2 ye	care for eligible working aged 9 months to 4 years learning for families in the ars receiving some additional for care for all families in	ng families in England, r	n England	_		

Child's Details

Cilia 5 Details				
Child's Full Name:	FUNDING CODE:			
Date of Birth:	Child's NHS Number:			
Parent/s (or Carer/s) Full Name/s:	Parent NI Number:			
Address:				
	Post Code:			
Home Telephone Number:	Mobile Telephone Number:			
E-mail Address:				
Additional needs your child may have e.g. auti	sm, speech & language, mobility			

A one-off £20.00 non-refundable registration fee is payable on accepting a place (not applicable for children accessing funded places) Please be assured that all personal information will be kept confidential and not shared with any third parties. On admission, further personal information and family details are required for our records. Should you decide you no longer need a place, please inform us as soon as possible and we will not retain the details on this application form (as per our Privacy Notice).

Please return this application form to:

HARDINGS NURSERY & PRE-SCHOOL Hillyfields, Welwyn Garden City, Herts, AL7 2HB admin@hardingspreschool.co.uk