BRAMFORD PRE-SCHOOL PLAYGROUP
ADMISSION APPLICATION

Full name of child ……………………………………………………………………………………………………………

Date of birth……………………………………………………………………………………………………………………

Address (inc. postcode)………………………………………………………………………………………………..

Email……………………………………………………………………………………………………………………………………

Telephone number…………………………………………………………………………………………………………..

Name of parent/guardian……………………………………………………………………………………………….

Signed……………………………………………….…….. Date………………………..…………………………………

When would you like your child to join us?......................................................................

Please state any preferred sessions (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

Are you eligible for government funding? YES……………….. NO……………….

Please give details…………………………………………………………………………………………….

………………………………………………………………………………………………………………………………..

Further information on funding can be found on the ‘Childcare Choices’ website

If your child will be attending another setting , please provide details on the reverse of this form. (name, address, telephone number, hours attending)

 [www.bramfordplaygroup.org](http://www.bramfordplaygroup.org)
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