

PARKSIDE PLAYGROUP - Registration Form

Please complete and return to parkside-playgroup@hotmail.com

Date: ____/____/____

Child's name: _____

Date of Birth: _____

Parent/carer name: _____

Address: _____

Post Code: _____ Phone No: _____

E-mail address: _____

Does your child have any Special Needs? Yes No

If yes, are you in receipt of Disability Living Allowance? Yes No

Does your child currently attend speech and language therapy? Yes No

Does your child have any medical issues? Yes No

Is your child entitled to a funded place? Yes No If **yes**, please tick and complete below

3–4-year-old funding (all children the term after their third birthday)

OR

9-23 month funding

2-year-old funding

3–4-year-old 30-hour funding

Code: _____

N.I number: _____

How did you find out about us?

Web site Social media Parent recommendation Other Please state: _____

Please indicate your preference of sessions:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Time: AM (8.45-11.45) PM (12.45-15.45) ALL DAY (8.45-15.45)

30 hour funded place (8.45 – 14.45)

OPTIONAL additional hour @ £5 PER DAY (14.45-15.45)

How you would you like to be informed of a place? e-mail text

Please note a £20 (non-refundable) registration fee to be paid when registering for fee paying children.

FOR PLAYGROUP USE ONLY:

Start date: _____

am pm

Sessions M, T, W, TH, F