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| *PLEASE BE AWARE THAT THE SETTING WILL BE CLOSED ON BANK HOLIDAYS AND ONE WEEK AT CHRISTMAS – YOU WILL NOT BE CHARGED FOR THESE TIMES.* |
| Booking FormPlease complete these details to reserve your space |
| Wind in the Willows Preschool |
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| --- |
| **Please complete this page with your desired Days/Hours etc.** |
| **Child’s Name:** |  |

|  |  |
| --- | --- |
| Preferred Start Date (approximate if unsure): |  |

**Please complete with the days and times required/preferred. Please be aware that this will be subject to availability. If these sessions are available, they will be reserved you upon payment of the fees explained below.**

|  |  |
| --- | --- |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday  |  |

|  |  |  |
| --- | --- | --- |
| Circle as Appropriate: | Full Time | Term Time Only |

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| In order to hold your child’s space, a deposit of £50 and a registration fee of £35 is required. In line with our fees policy, these are non-refundable as they are reserving a space which could be offered to another family.Settling in sessions will be booked in once your child’s start date has been agreed. Please note, a charge will be made for these sessions. |

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**Wind in the Willows Preschool Registration Form**

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| --- | --- | --- | --- |
| **Name of Child:** |  | **Date of Birth:** |  |
| Name known as: |  | **Sex:** | ☐Male ☐Female |
|  |  |  |  |
| **Personal Details of Parent(s)** |  |  |  |
| **Name of Parent(s) with whom child lives** |  |
| Parent 1: |  | Does this parent have parental responsibility? | ☐Yes ☐No |
| Relationship to child: |  |  |  |
| Parent 2: |  | Does this parent have parental responsibility? | ☐Yes ☐No |
| Relationship to child: |  |  |  |
| **Address of Parent 1** |  | **Address of Parent 2 (if different)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Telephone Number: |  |  | Telephone Number: |  |
| Mobile Number: |  |  | Mobile Number: |  |
| Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name of parent with whom the child *does not* live with** |  |
| Does this person have parental responsibility? | ☐Yes ☐No |
| Address: |  |
|  |
|  |
| Telephone Number: |  | Mobile Number: |  |
| Does this person have legal access to the child? | ☐Yes ☐No |

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| **EMERGENCY CONTACT DETAILS** |
| Parent 1 – work/daytime emergency contact number: |  |
| Parent 2 – work/daytime emergency contact number: |  |

|  |  |  |
| --- | --- | --- |
| **Would you be interested in a home visit?**  | **Yes** [ ]  | **No** [ ]  |