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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 Form  Please complete these details to reserve your space |
| Wind in the Willows Preschool |
| |  |  | | --- | --- | | **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 |  |  | | --- | | 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. | |

**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)** | | | | | | | | |
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| 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: |  |

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