**Request to go on waiting list**

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| Date of request: *(office use only)* | How did you hear about the preschool? |
| Preferred start date: | Is there any flexibility around start days and session days? |
| Child’s name & Address: | Child’s Date of Birth:  Child’s NHS number:  Male/Female |
| Parent/Carers name(s): | Contact telephone numbers  Home:  Mobile:  Work: |
| Email: | |
| Is your child in receipt of Government funding? | |
| Does your child currently attend another setting? | |
| \*Preference of sessions? 9am – 12pm, 9am – 1pm (inc lunch club), or 9am – 3pm (inc lunch club)  Please write your preferred sessions into the boxes, a minimum of 2 sessions per week.  \*We will do our best to allocate your preferred sessions, but these are not guaranteed.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | |  |  |  |  |  | | |
| Do you have any concerns about your child’s development?  **Completion of this form does not guarantee a place at the setting.** | |