

**St Bernadette's Bees Preschool**

**St Bernadette’s Catholic Primary School, Tile Barn Close, Farnborough GU14 8LS**

**Telephone (01252) 548123 Email: beesmanager@hotmail.co.uk**

**Registered Charity Number 1207753 Ofsted No: 2806023**

# Application to join St Bernadette's Bees Preschool

**Minimum age requirement from 2 years old**

**Preferred start date**: ……..…………………………………………………………………………………………………………………………..

Child’s Surname/Family name: ……………………………………………………………………………………… Male/Female

First name/s: ………………………………………………………………………………………………………………………………………………………………………

Name of parent/carer: ………………………………………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………. Postcode ………………………………………………………………………..

Date of birth: …………………………………..................................

Ethnicity.............................................................................

Telephone number/s: ……………………………………………………………………………………………………………………………………………………………………….

Email address: ………………………………………………………………………………………………...........................................................................

Does your child attend any other setting? Yes/No

Name of other setting......................................................................

Please provide any medical details or special needs about which the preschool should be aware of:

…………………………………………………………………………………………………………………………………………………………………………

Please provide details of any other services that have been involved with the child:

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

A £40 joining fee is required if you are not in receipt of early years funding for your child. Once we receive your application you will receive an invoice for this fee. NB your child will not be fully registered until this has been received.

*The information on this form is correct to the best of my knowledge and belief. If we find we no longer need the place, we will inform the preschool as soon as possible. I understand that the submission of this application does not indicate that the preschool can offer a place to the child. A decision will be taken by the Management Committee when they consider the application in accordance with the published Admissions Policy.* **A PLACE AT ST BERNADETTE’S BEES PRESCHOOL DOES NOT GUARANTEE A PLACE AT ST BERNADETTE’S CATHOLIC PRIMARY SCHOOL WHICH HAS ITS OWN SEPARATE ADMISSIONS POLICY.**

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

*Please delete as appropriate*: parent / guardian / step-parent



**St Bernadette’s Bees Preschool Block Form**

PLEASE PRINT IN CLEARLY IN BLOCK CAPITALS - THANK YOU.

Working Families eligibility code (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2-Year-old eligibility code (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent NI Number (this is needed to confirm the funding code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monday to Friday**

|  |  |
| --- | --- |
| **Block 1** | **8.30 – 11.30** |
| **Block 2** | **11.30 – 12.00**  |
| **Block 3** | **12.00 –3.00** |
| **Block 4**  | **8.30 – 3.00**  |

Please complete the box below with your preference of days and times.

|  |  |  |  |
| --- | --- | --- | --- |
| **Days** | **Block No** | **Block Times** | **Total Hours** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

**Funded Children -**

Any additional hours taken over your child’s funded hours entitlement will be charged at £7.15 per hour.

**Non-Funded children -**

All hours will be charged at £7.15 per hour.

***The fees above are subject to change by the Board of Trustees.***

How did you hear about us?

............................................................................................................................................................................

Parent/Carer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Carer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received: \_\_\_\_\_\_\_\_\_

Blocks Authorised by Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only:

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Two-year code checked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30 hours code checked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmed availability and start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stay and play date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_