



Initial Childcare Application

1 Child Details

Surname First Name(s)

Gender / Please tick Male Female Date of Birth

Address

Post Code Telephone

Name of intended primary school (if known)

Anticipated primary school start date

2 Parent / Guardian Details

Name of Parent / Guardian (Mr / Mrs / Miss / Ms)

Relationship to Child Main Spoken Language

Place of Work

Work Telephone Number Mobile Number

3 Details of Child Attendance

Please tick the days and state the approximate times you require:

| Bookings | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| AM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Please state when you would like the service to commence and any further relevant information