

Carli's Kindergarten
Application Form

Child's Full Name:		Child's Estimated start date:	
Date of Birth:	Gender:	First language:	
Address:			
		Postcode:	
		Home Tel No:	
Parents/carers Details			
Name			
Address			
Postcode		Tel No:	
Name			
Address			
Postcode		Tel No:	
Medical information			
Are there any allergies or special requirements for your child/ren in our care that we would need			

Payment Details

Carli's Kindergarten requires a deposit of £50.00 payable by cheque/cash/card to secure a place
This deposit is refunded with your last payment provided one months notice of termination has b

I enclose a deposit to the value of £50

I enclose my child's birthcertificate and proof of address for photocopyii

Payment

Prefered payments are accepted by standing order, cash, cheques and online bank transfer.

Session Periods	Full day 8am - 6pm	Morning session 8am - 1pm	Afternoon session 1pm - 6pm
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	Monday	Tuesday	Wednesday	Thursday
Full Day				
AM				
PM				
Mini Day				

Evening meal				
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Evening meal is an additional £1.75 (can be arranged after child has started nu

Agreement

Carli's Kindergarten
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Sign _____ Print _____

For official use only

Child's details on system		Date _____
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Child's key worker assigned		Date _____
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Child's details on register		Date _____
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child's office file completed		Date _____
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* Application form		Date _____
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* Enrolment form		Date _____
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* Emergency contacts		Date _____
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* Birth certificate		Date _____
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* Proof of address		Date _____
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Date _____

Sign _____

Sign _____

Sign _____

Sign _____

Sign _____

Sign _____

Sign _____

Sign _____

Sign _____