



**ADMISSIONS INQUIRY FORM**

FULL NAME OF CHILD ..... D.O.B.....

CHILD'S HOME ADDRESS .....

PARENT /CARER .....

CONTACT NUMBERS .....

EMAIL ADDRESS .....

PREFERRED START DATE .....

FUNDING START DATE .....

SCHOOL START DATE .....

TOTAL HOURS REQUIRED..... FUNDED ..... INVOICED .....

HOURS WITH OTHER SETTING / CHILDMINDER.....

DETAILS OF SHARED CARE .....

(AM - 0915 - 1145 / PM - 1230 - 1500 / EARLY DROP OFFS - 0845 OR 1200 / LATE PICK UP - 1215)  
 (MON / TUES / WED / FRI ONLY - ALL DAY - 0915 - 1500)

SESSIONS REQUIRED; (PLEASE CIRCLE CHOICES)

- MON AM / EARLY DROP OFF / LATE PICK UP
- MON PM / EARLY DROP OFF
- MON ALL DAY / EARLY DROP OFF
- TUES AM / EARLY DROP OFF / LATE PICK UP**
- TUES PM / EARLY DROP OFF**
- TUES ALL DAY / EARLY DROP OFF**
- WED AM / EARLY DROP OFF / LATE PICK UP**
- WED PM / EARLY DROP OFF**
- WED ALL DAY / EARLY DROP OFF**
- THURS / EARLY DROP OFF / LATE PICK UP**
- FRI AM / EARLY DROP OFF / LATE PICK UP**
- FRI PM / EARLY DROP OFF**
- FRI ALL DAY / EARLY DROP OFF**

Office Use Only:

Date .....

Office Use Only:

Sessions available / allocated		Stay and Play arranged		Confirmation letter sent / handed to parent	
Sessions unavailable / waiting list		Up to date summary completed		Registration Forms sent / handed to parent	
Visit arranged		Register completed		Details transferred to green sheet	
Emergency Contact Form		Child Health Record Book seen		Key Worker Allocated	