6.2 Waiting List Admission Form

Sandbach Heath (St John's) Playgroup

	Name of Child:	Pi	referred Name:	
	Date of Birth:	Er	mail address:	
1	Name and address of parents making th	ie ap	plication:	
	Name:		Name:	
	Address:		Address:	
	Tel No:		Tel No:	
I/We would	l like		(Name)	
to start att	ending from(Dat	te)		
If the days	you require are not available the manager will o	offer y	ou alternative days until the days you require become	
available. V	Ve reserve the right to offer alternative days. W	e only	offer places from 2 years 6 months old (September in	take).
Then 2 yea	rs and 9 months for the January intake.			
Free Early	Educational Entitlement (FEEE) and Extra Session	on bel	ow:	
I/We would	like our child to attend on the following days.			

Thursday Friday

	8.30 am – 2.30 pm	2.30 pm to 3.15 pm	FEEE	Fee Paying	Extra Session
		extra session (£5.00, subject to change)	Hours	Hours	2.30 pm -3.15 pm
					Indicate Yes/No
Monday					
Tuesday					
Wednesday					

Sessions are allocated to the oldest children first (school intake).

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. Please note that completion of this form does not guarantee a place for your child,

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

Does your child have any special educational needs for example, does your child have a SEN Support Plan in place, an EHCP, secured or pending. Does your child have a needs assessment in place or pending. Does your child have any sensory or hearing difficulties. Does your child access speech and language support If so, please give details below:
Does your child have any special dietary requirements or intolerances to certain foods and drinks? If so, please give details below:
Does your child have any extra physical needs? If so, please give details below:
Does your child have any medical needs? If so, please give details below:
Signed parent/carer (1):
Signed parent/carer (2):
Date: Please be advised that this waiting form and offer of a place is subject to our terms & conditions and is not a
guarantee of a place. We will discuss with you any needs you may have and our ability to meet them after submitting this form to us.
By signing this document, you acknowledge that you have read, understood and agree
to these terms and conditions.