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| Enquiry Form Please fill in the form below to register your interest in being part of Grow Learn play Project |

| Grow Learn Play Project CIC | | | | | | | | | |
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| Parent First name:  Email | | | | | Parent last name: | | | | |
| Home address: | | | | | | | | | |
| Email address: | | | | | Mobile number: | | | | |
| Child First name: | | | | | Child last name: | Child date of birth: | | | |
| Potential start date: | | | | | Is show round required YES/NO | | | | |
| Term time only (funding only available in term time) | | | | | All Year Round (funding not available) | | | | |
| Funding code if applicable: | | | | | | | | | |
| permission for us to check eligibility for funding at application stage(please sign here) | | | | | Parent signature Date | | | | |
| National Insurance No will be required for funded sessions and parents date of birth | | | | | | | | | |
| National Insurance number: | | | | | Parent date of birth: | | | | |
| **Copy of birth certificate provided** (will be required on registration) | | | | | Yes | | | | No |
| **Child special requirements:** “Failure to disclose details of any concerns you may have regarding your child’s rate of development, any special medical requirements or any investigations involving medical professionals in progress at the time of application may result in a withdrawal of an offer of a place and/or a place on our waiting list. We are an inclusive setting and will always try to accommodate any additional needs, but we can not do so effectively if we are not made aware of these at the point of application.” | | | | | | | | | |
| Days of week  Please tick relevant boxes | 8-4 | | 8-1 | 1-4 | 4-5 | 4-6 | | Notes | |
| Monday |  | |  |  |  |  | |
| Tuesday |  | |  |  |  |  | |
| Wednesday |  | |  |  |  |  | |
| Thursday |  | |  |  |  |  | |
| Friday |  | |  |  |  |  | |
| Office use only | | Added EYlog | | | | | Date received: | | |