**APPLICATION TO JOIN**

**For Office Use Only**

Date Received:

Term Start Date:

School Start Date:

Induction Date:

Time:

|  |  |
| --- | --- |
| **Full name of child** |  |
| **Date of birth** |  |
| **Name(s) and** **Address(es) of both parents** | **Postcode:** | **Postcode:** |
| **E-mail address(es)** |  |  |
| **Home telephone** |  |  |
| **Mobile** |  |  |

When would you like your child to start pre-school?

What is your home language?

Have you had any other children attend this pre-school in the past? Yes/no

If yes, please state their names

Are you a member of Shoeburyness & Thorpe Bay Baptist Church? Yes/no

Where did you hear about Little Fishes pre-school?

**FUNDING**

Children can start with us from the age of 2 years 6 months old. Please ask about the cost of sessions.

Children become eligible for 15 hours of council funding in the term **after** their 3rd birthday based on the dates below:

|  |  |
| --- | --- |
| **Born between** | **Eligible from** |
| 1st January – 31st March | Summer Term |
| 1st April- 31st August | Autumn Term |
| 1st September – 31st December | Spring Term |

We will do our very best to accommodate your requirements depending on spaces available at the time of your enquiry.