**6.2 Waiting List Admission Form**

### Sandbach Heath (St John’s) Playgroup

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Preferred Name:

Name of Child:

Date of Birth:

Email address:

Name and Address of parents making the application:

Name:

Address:

Tel No:

Name:

Address:

Tel No:

I/We would like …………………………………………….………………………….. (Name)

to start attending from ……………………….…………………….. (Date)

If the days you require are not available the manager will offer you alternative days until the days you require become available. We reserve the right to offer alternative days. We only offer places from 2 years 6 months old (September intake).

Then 2 years and 9 months for the January intake.

I/We would like our child to attend on the following days.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 9am – 12  |  | 12 – 3pm |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**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).  |
| **Signed parent/carer (1):** |  | Date: |  |
| **Signed parent/carer (2):** |  | Date: |  |
| **Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.** |
| ***For office use only:*** |
| Deposit paid: |  | Date paid: |  |
| *Tear off the following part to return to the parent(s)* |
| A place will be available for |  | (child’s name) |
| \* on |  | (date) | \* or; we will notify you when a place becomes free. |
| Signed on behalf of the provider: |  |
| Name: |  | Job title: |  |

\*Please delete whichever is not applicable.