HIGH WYCH PRE-SCHOOL NURSERY

The Bullfield's Centre, Cutforth Road, SAWBRIDGEWORTH, Herts. CM21 9EA

POSTAL ADDRESS: PO Box 11018, SAWBRIDGEWORTH, Herts. CM21 1AP

email: office@hwpsn.co.uk, Tel: 07792-612585

REG CHARITY NO: 1027302 OFSTED NO: EY426856



ENROLMENT FORM

YOUR CHILD WILL NOT BE ALLOCATED A PLACE UNTIL THIS FORM IS RETURNED (subject to availability)

We have a legal obligation to collect and process this information in accordance with The Early Years Foundation Stage (Welfare Requirements) Regulations 2012. We have a legitimate interest in collecting this data as it is needed to place your child on our enrolment register, to be used for checking funding eligibility before an offer can be made and home visits.

- NO COSTS APPLY IF YOU ARE ELIGIBLE FOR 2-YEAR-OLD SUPPORTED FAMILIES FUNDING.
- If you are a fee payer, an administration fee of £30.00 is required which will be included in your first invoice.
- You will be contracted to give 6 weeks term time notice this is charged if your child leaves before this time, **including if you are eligible for government funding.**

Basic Details (please print)					
Child's full name:		1	Pate of birth:	Gender:	
Child's NHS number:				Today's date:	
Name and signature of person filling out this form:				Relationship to child:	
Parent National Insurance Number:				Parent Date of Birth:	
Address where child mostly resides:		F	Preferred contact no:		
		E	mail address:		
Is there a special education professional? (This must be				or has been identified	by a health
professionar: (This must be	uiscioseu so we cari as	ssess if we call filed	t your crina's needs).		
Are you eligible for any free	government funding?	Please provide you	ır funding code if you h	nave it.	
This will be for eligible fami	ilies who meet the crite	eria for the followin	g: -		
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