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Date application received
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Acorn2Oak Preschool
Growing little acorns to become big oaks

Application to join Acorn 2 Oak Preschool

Personal details

First name(s) of child:

Gender

Surname of child:

Male / Female

Date of birth: / /

Full address:

Postcode:

Parent/carer name:

Relationship to child:

Contact number :

Alternative contact number:

Email :

Dryden Road, Ipswich, Suffolk, IP1 6QD
01473 748333 · Email: hello@acorn2oakpreschool.co.uk
Registered Charity Number: 1029700
Ofsted Registration No. EY420545

Please complete the following:

Do you have any concerns about your child's development:

Please list below any other agencies, Healthcare professionals or outside Agencies involved in supporting your child, including Health Visitor or Speech Therapists:

Session request

Preferred start date: _____

Please tick the sessions you would like your child to attend:

Early Morning 8.00 am Monday Tuesday Wednesday Thursday Friday

Early Morning 8.30 am Monday Tuesday Wednesday Thursday Friday

Morning 9.00 am – 12.00 pm Monday Tuesday Wednesday Thursday Friday

Early afternoon 12 until 3 pm Monday Tuesday Wednesday Thursday Friday

Late afternoon 12 until 4 pm Monday Tuesday Wednesday Thursday Friday

Adjustments may be possible to these times, please ask the manager.

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 : _____ **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.

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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.