

 Incy Wincy’s - Application Form

Child’s Name …………………………………………………………………….. Date of Birth ...……………….

Parent Name (1): ………………………….…………………………………… Tel: ………………………………..

Parent Name (2): ………………………….…………………………………… Tel: ………………………………..

Address ……………………………………………………………………………………………………………………………......

………………………………………………………………………………………….. Post Code ……………………..

Preferred contact number ………………………………………………………………………………………………..

Email ………………………………………………………………………………..………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8am-6pm |  |  |  |  |  |
| 7.30am-6pm |  |  |  |  |  |

* *Note - minimum booking pattern of 2 days per week*

Preferred Start Date ……………………………………………………………..

Application Fee £100.00 payable by BACS:

Account Name Incy Wincy’s Ltd

Account Number 63386872

Sort Code 20-61-46

\* Places will be confirmed in writing 3 months before a preferred start date, once accepted you will be invoiced £100.00 per month holding fee. During this time a home visit and settling in sessions will be arranged.

**OFFICE USE:**

Date received …………………………………………………………………………………

Application Fee ………………………………………………………………………………

Entered onto Parenta …………………………………………………………………….

Offer of place made YES/NO Date ……………………….

Place accepted YES/NO Date ……………………….

Registration Forms sent YES/NO Date ……………………….

Home Visit Booked on ……………………………………………………………………

Key Person ……………………………………………………………………………………..