



Child's Full Name	:				
Date of Birth:			Viale/Female	(delete as applicable)	
Home Address:					
			Postcode		
Member of St Catharine's Toddler Group?  Yes/No			(delete as a	oplicable)	
Sibling of St Catha	arine's Playgroup member?	Yes/No	(delete as a	oplicable)	
Name of Parent/C	arer:		Home Tel:		
Email Address:			Mobile Tel:		
Preferred Days:	Wednesday AM / Wednes	/ ALL DAY sday ALL [ ay ALL DA`	OAY (AM 9:10am - Y ( <u>Preschool se</u>		
	Friday AM / Friday A	ALL Day		· 1:10pm, ALL DAY 9:10am – 2:40pm) - 1:10pm, ALL DAY 9:10am – 2:40pm)	
(We recommend child environment)	ren attend a minimum of two ses	ssions as it h	elps children to s	settle quicker into the playgroup	
Preferred Start Da	te:	OR As soc	on as possible	(delete as applicable)	
Proposed School:					
Where did you hea about our Playgro	un?				
If we find that we i	no longer need the place, w	e will infor	m the setting	immediately.	
Signature of parent			Date		
Thank you for expre	ssing an interest in our playgr	oup. We will	contact you as	soon as possible to confirm	

receipt of your application.

To cover the cost of consumable, such as setting up the learning journal, records and paperwork for your child, we kindly request a voluntary sum of £20. When your child starts playgroup they will also receive a tshirt and book bag.

Please be advised that your information will only be used to contact you and to register your child at St Catharine's Under Fives Playgroup. All information is kept secure and will not be shared outside of the playgroup, except if required to do so by law.

As far as possible we offer sessions to meet your needs and accept funding for 2 year olds,15 hours funding for 3 year olds, plus the extended 30 hours and tax free childcare.

Please Note// Due to rising costs we do charge a small fee for snack.

Email: stcatharinesunderfives@live.co.uk Updated March 2021