

Charity Number 1027104

| Child's Date of Birth: |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Full Name: |  | | | | | | |
| Boy / Girl: |  | | | | | | |
| Child's full address (including postcode): |  | | | | | | |
| Parent 1: Name |  | | | | | | |
| Parent 1 Telephone Number: |  | | | | | | |
| Parent 1: Email Address: |  | | | | | | |
| Parent 2: Name |  | | | | | | |
| Parent 2: Telephone Number: |  | | | | | | |
| Parent 2: Email Address: |  | | | | | | |
| Older siblings names (if attended Acorn Preschool) |  | | | | | | |
| Where did you hear about us? |  | | | | | | |
| Currently attends (names of other settings / childminders) |  | | | | | | |
| Will attend other settings/childminder alongside Acorn (please name) |  | | | | | | |
| Days / Sessions you would like to attend (if known) | Monday | AM Session  8:15-11:45 | Y/N | PM Session  12:15-15:15 | Y/N | All Day Including Lunch Club | Y/N |
| Tuesday | AM Session  8:15-11:45 | Y/N | PM Session  12:15-15:15 | Y/N | All Day Including Lunch Club | Y/N |
| Wednesday | AM Session  8:15-11:45 | Y/N | PM Session  12:15-15:15 | Y/N | All Day Including Lunch Club | Y/N |
| Thursday | AM Session  8:15-11:45 | Y/N | PM Session  12:15-15:15 | Y/N | All Day Including Lunch Club | Y/N |
| Friday | AM Session  8:15-11:45 | Y/N | PM Session  12:15-15:15 | Y/N | All Day Including Lunch Club | Y/N |