

Kingsnorth Little Stars c/o 1 Great Fishers Ashford TN23 5JB

Telephone: 07961 074829

Email: kingsnorthlittlestars@gmail.com

Application Form

The information required is mandatory, please complete accordingly

Child's Name (known as)	
Name as shown on Birth Certificate	
Child's Date of Birth	
Male Female	
Name of Parents/Guardians	
Child's Home Address	
Postcode:	
Parent/Guardian Telephone Contact Number	
Home	
Mobile	
Place of Work/contact number	
Email address	
Date you would like your child to start	
,	
What days/sessions would you like your child to attend the setting? (please ci	rcle as appropriate)
Monday 9am-12pm / *9am-1pm / 12pm-3pm / 9am-3pm	
Tuesday 9am-12pm / *9am-1pm / 12pm-3pm / 9am-3pm	* Note
Wednesday 9am-12pm / *9am-1pm / 12pm-3pm / 9am-3pm	Morning sessions are funded from 9-12 (additional £3.00 fee if your
Thursday 9am-12pm / *9am-1pm / 12pm-3pm / 9am-3pm	child stays for lunch until 1pm)
Friday 9am-12pm / *9am-1pm / 12pm-3pm / 9am-3pm	<u> </u>
You will need to provide a packed lunch for your child if they attend 9am to 1pm, 9ai to 3pm)	m to 1pm, 12-3pm or 9am
Any additional sessions (that are not free early education hours) will be ch (3 hours £17.85, 6 hours £35.70)	arged at £5.95 per hour.
If the days or dates you have asked for are unavailable, would you like to a our waiting list? Yes / No	dd your child's name to
To help us with future marketing, could you please tell us how you heard a	bout us?
Is your child eligible for the FF2 early education funding?	
Children not receiving Free Early Education will be charged a non refundable recheques made payable to "Kingsnorth Little Stars".	gistration fee of £25,
Date applied	
Birth Certificate Number Seen by D	ate
(to be completed by Management)	