

**Pre School Booking Form: Payhembury Primary School**

***Please fill in all sections to confirm your request for a place at FORT Pre-School***

Child's Full Name	Child's Date of Birth	Start date at FORT Pre-School	Please indicate
		OR the date on which sessions will change	Session times are Monday

Parent's Name and National Insurance Number	Parent's Date of Birth	Free Entitlement (15 or 30 hours)	HRMC Code for 30 hours (if applicable)

Name of Health Visitor:

Did your Health Visitor give you any specific advice after your child?

Telephone Number:

Email Address:

Home Address:



**ol. We will contact you to confirm the request for place.**

icate which sessions are required (subject to availability).

**orning** 9am -12pm (3 hours), **afternoon** 12.30pm -3.30pm (3 hours)  
 or **all day** (6.5 hours)

Tuesday	Wednesday	Thursday

If using another childcare provider/s		Hours Claimed at FORT
Other Childcare Providers Name/s	Hours Claimed at Other Provider/s	Pre-School

d's two-year development check?