



## Saplings Registration Form for 2 Year Olds

*Please also complete the Nursery Registration Form*

DATE STAMP

**Full Name of Child:** ..... **Male / Female**

**Address:** ..... **Date of Birth:** .....

..... **Home Tel No:** .....

**Postcode:** ..... **Mobile No:** .....

**Email Address:** .....

**Full Names of Parents/Carers:** .....

.....

**Address of parents if different from above:** .....

.....

**Other children in the family: (Names/Ages)** .....

.....

**Please tick one of the following boxes:**

- I confirm that I have been accepted for 2 year old funding and have a letter from Central Bedfordshire Council confirming this (you will need to produce proof of this).
- I confirm that I will be paying for these 2 year old sessions.

**FUNDED SESSIONS** - If you have been accepted for 2 year old funding your child is entitled to 15 hours free the term after their 2<sup>nd</sup> birthday.

**Please tick the funded sessions you require below (a minimum of 2 sessions, maximum of 5):**

Saplings Funded Sessions	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>MORNING</b> 8.45am to 11.45am					
<b>AFTERNOON</b> 12.30pm to 3.30pm					

**PAYABLE SESSIONS** - These sessions can be used in addition to funded sessions or as a payable place.

**Please tick the payable sessions you require below (a minimum of 2 sessions):**

Saplings Payable Sessions	Cost per Session	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>MORNING</b> 8.45am to 11.45am	£17.85					
<b>AFTERNOON</b> 12.30pm to 3.30pm	£17.85					

**Please note, lunches are not available in Saplings.**

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Does your child have any difficulties with hearing, vision, speech, allergies, asthma, epilepsy, physical difficulties or any other medical problem? (Please list below):

.....  
.....

Is your child known to other professionals?

- CDC (Child Development Centre) .....
- SaLT (Speech and Language Therapist) .....
- Paediatrician .....
- Any other .....

Has your child had an initial assessment by the Early Years Support Team?

.....  
.....

Are there any home or family circumstances you wish to let us know about?

.....  
.....

## IMPORTANT NOTES:

- Please bring your child's **Birth Certificate** with you when returning this form.
- Please also complete the **Nursery Registration Form** as we have separate waiting lists. .
- Places are allocated in accordance with our Admissions Policy, a copy of which can be viewed on our website.
- Please let us know if any of the information you have supplied changes.
- I understand that these sessions are subject to availability.
- I understand the cost of each session and that fees are payable one month in advance as per the Early Years Unfunded Fees Payment Terms.
- I understand the fees will still be payable whether or not my child attends and that no refund of fees will be given for periods where my child's care place is unfulfilled due to illness or holiday.
- I understand that I need to await confirmation before my child starts the requested sessions.

Signature: .....  
Parent/Carer

Date: .....

Received by: .....  
Member of Staff

Date: .....

FOR OFFICE USE ONLY	Date	Initials
Birth Certificate seen		
Copy of 2 Yr Funding confirmation letter taken		
Telephone call to parent to check and confirm place (KS)		
Wraparound spreadsheets updated (KS)		
Saplings lists updated (KS)		
Added to waiting list (KS)		