## APPLICATION FORM FOR ADMISSION TO BUTTERFLIES AT HIGHFIELD

Please provide your child's birth certificate or red book when returning your application form.

## PLEASE PRINT IN CAPITAL LETTERS

Child's First Name/s:		Child's Surname:					
Child's Date Of Birth:		Male/Female:					
Is he/she a 'Looked After' child? Yes/No (In Foster Care or on a care order)		Siblings in school: Yes/No					
Parent/Carer's Full Name:	Parent's Date of Bi		rth:		Parent's National Insurance No:		
Full Address:							
Telephone Number:			Email Address:				
Please tick which sessions you would like (maximum of 15 hours ie 5 sessions)							
	Monday	Tuesday	We	ednesday	Thursday	Friday	

	Wonday	rucsuuy	Weanesday	marsady	Thady
Breakfast					
8am-9am					
9am-12noon					
12noon-3pm					
After School Governor					
Led Provision					
3pm-6pm					
The Breakfast will be between 8am – 9am and will cost an additional £6.20					

Please tick the box to agree to pay this when your child accesses breakfast.

The Lunch will be between 12pm - 1pm and will cost an additional £2.50 Please tick the box to agree to pay this when your child accesses lunch.

Please tick if you will be claiming 2 year old funding for your child's place or paying for the sessions. 2 year old funding □ Paying □

Please note:- 2 year old funded children can start the term after their 2<sup>nd</sup> birthday (spaces permitting) and paying children will start as soon as they turn 2 (spaces permitting)

If you are claiming 2 year old funding, you MUST provide all the necessary evidence along with your 2 year old funding 'AF' reference number or Golden Ticket. Thank you. AF Reference Number .....

The above information is true to the best of my knowledge and belief. I understand if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by the Local Authority.

Parent/Carer Signature	Date