



**HERSDEN UNDER 5's CENTRE**  
**Shaftesbury Road**  
**Hersden**  
**Canterbury**  
**Kent CT3 4HS**

Tel: 01227 713120  
hersdenunder5s@btconnect.com  
www.hersdenunder5s.weebly.com

Charity Reg. No. 1057036

## 1. Application to join

### Personal details

First name(s) of child:

Surname of child:

Date of birth:

Full address:

Postcode:

Preferred start date:

Parent/carer name (1):

Relationship to child:

Full address (if different):

Postcode:

Daytime/work tel:

Email:

Mobile:

Parent/carer name (2):

Relationship to child:

Full address (if different):

Postcode:

Daytime/work tel:

Email:

Mobile:

### Health and development

Does your child have any on-going medical conditions? If so, please specify:

Which external agencies are involved e.g., paediatrician, consultant, dietician, speech and language therapist, etc:

Do you have any concerns about your child's learning and development? If so, please specify:

Which government funding do you think your child will be eligible for? Free for 2, 3 & 4 year old universal funding, or extended funding?

Please specify:

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available.

**Please note that completion of this form does not guarantee a place for your child,**

If your child is offered a place and you accept it, further personal information and family details are required for our records, along with a £30.00 registration fee to secure your child's place. (The registration fee is waived if only fully funded sessions are chosen).

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice).

Signed parent/carer (1):

Date:

Signed parent/carer (2):

Date:

**Please be advised that this application form and offer of a place is subject to our terms and conditions which will be provided to you.**