**Application Form 2021**

**Hop, Skip and Jump**

**East Croydon URC Church, Addiscombe Grove, Croydon, CR0 5LP**

If you have any questions, please call 07748107766/07855513409

or email us at manager@hopskipandjump.net

|  |  |
| --- | --- |
| Child’s Full Name:  |       |
| Date of Birth or E.D.D:  |       |
| Religion:  |       |
| Sex:  | [ ]  Male [ ]  Female |
| Home Address:  |       |

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| Doctors Details |
| Child’s Doctors Name: |       |
| Telephone No: |       |
| Address: |       |
| Medical History: |       |
| Immunisation: | [ ]  Polio [ ]  Tetanus [ ]  Diptheria [ ]  Whooping Cough [ ]  MMR  |
| Any special Diet due to health, religion, cultural reasons: |  |
| Food Allergies |  |
| Child Religion :Culture: | Ethnic Origin:Languages:Disabilities (if any): |

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| **Mother’s Name:** |       |
| D.O.B |  |
| Address:if different from above |       |
| Home Telephone No: |       |
| Mobile Telephone No: |       |
| Email address  |  |
| Job Title: |       |
| Work Address:Work Telephone No: |       |
| National insurance number: |       |

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| **Father’s Name:** |       |
| D.O.B. |  |
| Address:if different from above |       |
| Home Telephone No: |       |
| Mobile Telephone No: |       |
| Email addresss |  |
| Job Title: |       |
| Work Address: |       |
| Work Telephone No: |       |
| National Insurance Number: |       |
|  |  |
| **Any other Guardian:** |       |
| D.O.B |  |
| Address:if different from above |       |
| Home Telephone No: |       |
| Mobile Telephone No: |       |
| Email address  |  |
| Job Title: |       |
| Work Address: |       |
| Work Telephone No: |       |
| Work Department: |       |
| Hours of Work: |       |
| Days at work: |       |
| National insurance number  |  |

|  |  |
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| **Emergency Contact 1 Full Name:** |       |
| Address:if different from above |       |
| Home Telephone No: |       |
| Mobile Telephone No: |       |
| Job Title: |       |
| Work Address: |       |
| Work Telephone No: |       |

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| **Emergency Contact 2 Full Name:** |       |
| Address:if different from above |       |
| Home Telephone No: |       |
| Mobile Telephone No: |       |
| Job Title: |       |
| Work Address: |       |
| Work Telephone No: |       |

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| Is your child known to Social Services: Y / N |
| If yes, please state the reason   |
| Social worker contact details:  |
| Borough:  |
| Does your child has any special needs: |       Y/N |
| Type of need |       |
| Any outside agency currently working with your child please tick the correct ones  | * Child and Adolescent Mental Health Services (CAMHS)
* Occupational therapist (OT) or physiotherapist (PT)
* Health Visitor
 | * Educational psychologists (EPs) Education welfare officers (EWOs)
* Local authorities
* Social workers
* Speech and language therapists (SLTs)
 |
| Are there any celebrations (e.g. Eid, Easter, etc) that you would not like your child to participate in? |       |

Exact starting date required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note, full fees if applicable, will be charged from this date)

**Place required for 3-4 year old:***9:30am – 12.30pm*

Am: Mon [ ]  Tue [ ]  Wed [ ]  Thurs [ ]  Fri [ ]

**Place required for 2 year old:***9:30am – 12.30pm*

Funded: Mon [ ]  Tue [ ]  Wed [ ]  Thurs [ ]  Fri [ ]

Paid: Mon [ ]  Tue [ ]  Wed [ ]  Thurs [ ]  Fri [ ]

Your fees are ………………………………………

Two year old funding reference:…………………………..

Proof of funding

* Stamp
* Letter
* Reference number
* CLA
* EHCP
* Adoption certificate

Room ……………………………….

Signed………………………………..

Office use only

* Passport seen
* Birth Certificate seen
* Proof of Address
* £30 registration fee paid
* Two weeks deposit paid