**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: |  |

|  |  |
| --- | --- |
| 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): | |

|  |  |
| --- | --- |
| **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: |  |

|  |  |
| --- | --- |
| **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 |  |

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

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

|  |  |  |
| --- | --- | --- |
| 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