



APPLICATION TO JOIN LITTLE CHERRIES

For the year starting September 2018

(Children born between 01/09/14 & 31/08/16)

1. Your Child

Forename: Surname:

Home Address:

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Postcode:

Date of Birth:

Male: Female:

- Is the child Looked After (i.e. in the care of a local authority/fostered)? **Yes / No**
- Does your child require any additional support within the group for Special Educational Needs or Medical Needs? **Yes / No**
- What language is spoken at home?
- Will your child have a sibling at Little Cherries in September 2018? **Yes / No**
- If a place becomes available before September 2018, would you like your child to be considered for that place and added to the reserve list? **Yes / No**

2. Your Details

Name(s) of Parent(s)/Guardian(s):

Title: Forename: Surname:

Relationship to child: Telephone:

E-mail address (Please PRINT):

Title: Forename: Surname:

Relationship to child: Telephone:

E-mail address (Please PRINT):

Signature(s) of parent(s):

Please complete and return this form to Little Cherries by Friday 23rd March 2018.

Please bring with you the following documents which we will need to copy:

- Proof of your home address (e.g. original utility bill, driving licence (**dated within 3 months**))
- Proof of your child's date of birth (original full birth certificate)

For office use only: Date received: Checked & Copied: Address DOB

Catchment : Out Of Catchment

Offer Letter Sent..... Follow Up..... Response.....

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Registered Charity No. 1030778

OFSTED Registered No. 221863