**BEECHOAK FARM – APPLCATION FORM**

**Church Road, High Beech, Loughton Essex IG10 4AJ**

**Tel: 020 8502 0006**

**manager@beechoakfarm.co.uk** **or** **accounts@beechoakfarm.co.uk**

|  |  |
| --- | --- |
| Child’s full name |  |
| Date of birth |  | Gender |  |
| Spoken language/s |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact 1 (\*Child’s main residence)(person with parental responsibility) | Contact 2(person with parental responsibility/ emergency contact) | Contact 3(Emergency contact) |
| First NameSurname |  |  |  |
| Address |  |  |  |
| Postcode |  |  |  |
| Primary Tel. No. |  |  |  |
| Additional Tel. No. |  |  |  |
| Email (circle bill payer) |  |  |  |
| Occupation |  |  |  |
| Relation to child |  |  |  |

Requested sessions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sessions | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast club (8-9) |  |  |  |  |  |
| School day (9-4) |  |  |  |  |  |
| Teatime club (4-5) |  |  |  |  |  |
| Any known medical condition/allergies/ additional needs the school should be aware of regarding your child? |
| How did you hear about Beechoak Farm? |
| What is your requested start date? |

There is a £20 non-refundable fee to join the waiting list. This is payable by bank transfer. You will receive the bank details for payment once we have processed the application.