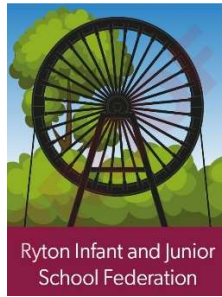


Application Form for Nursery



Childs Details

Child's Name:	
Gender:	Date of Birth:
Address :	
Post Code:	
Is your child in public care i.e. looked after by a council? Yes or No	
If yes which council looks after your child? Name of Social Worker	
Is English our child's first language?	
If no what is your child's first language	

Your details

Title: Mr/Mrs/Miss/Ms
Name:
What is your relationship to the child? Parent/ Legal Guardian/ Foster Carer/
Home Phone:
Mobile Phone:
Work Phone:
Email address:
Are there older siblings attending nursery/school? Yes or No
If Yes names of siblings

Preferences

Please advise us of the sessions you would like. We understand circumstances can change but please indicate your preference for both provisions

2 Year Olds	3 and 4 Year Olds
15 hour provision – mornings <input type="checkbox"/>	30-hour provision across 5 days <input type="checkbox"/>
15 hour provision – afternoons <input type="checkbox"/>	30- hour provision across 3 days (between 7.30am and 6pm) <input type="checkbox"/>
Special Requests – please detail below <input type="checkbox"/>	15 hour provision – mornings <input type="checkbox"/>
Details _____	15 hour provision – afternoons <input type="checkbox"/>
	Special Requests – please detail below <input type="checkbox"/>
	Details _____

Sessions agreed are subject to availability but we will make every effort to try and accommodate your request

Previous settings

Please indicate any previous Nursery or Childminding settings and contact details. We will only use this information to support the transition of your child into Nursery.

--

Social/Medical Grounds

Please give details of any medical/social needs that need to be taken into consideration regarding this application for a nursery place. In the event that places are limited you must attach supporting written evidence from relevant health professional, for example Doctor or Social Worker to demonstrate why this nursery is more appropriate and any difficulties that would be caused if your child had to attend an alternative school nursery

--

Signature

I confirm that the information I have given on this form is correct to the best of my knowledge. I understand that if I have given false information you may withdraw the nursery place you have offered to me.

Your full name (Print) _____

Parent/Guardian Signature _____

Date _____

For Office Use Date Received _____
Hours Agreed _____

Date Place Offered _____
Funding Confirmed _____