|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Child:** |  | **Date of Birth:** | |  |
| Name(s) and address(es) of parents making this application | | | | |
| Name:  Address:  Post Code:  Home Telephone:  Mobile Telephone:  Email address: | | | Name:  Address:  Post Code:  Home Telephone:  Mobile Telephone:  Email address: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please insert the date you would like your child to start attending nursery | **Day** | **Month** | **Year** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child have any special or medical needs (Please tick) | **Yes** | **No** | If ‘Yes’, please add further Information here. |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session Required** (Please tick) | | | | | |
| **15 hour funded sessions** | | | | | |
| Mornings 8:45am to 11:45am  Monday to Friday |  | | | Afternoon 12:15pm to 3:15pm  Monday to Friday |  |
| **30 hour funded sessions** | | | | | |
| Mornings 8:45am to 11:45am  Monday to Friday |  | | | Afternoon 12:15pm to 3:15pm  Monday to Friday |  |
| **Please note for 30-hour places there are lunch charges for childcare and a hot meal between 11:45am-12:15pm** | | | | | |
| Nursery rising 3’s (Talking Twos) | | CODE |  | | |
| Nursery 30 hours | | CODE |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Parent/Guardian:** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date application received** |  | **Date place Offered** |  | **Induction dates** |  |

**FOR OFFICE USE ONLY**