

My child is eligible to receive 3 year old funding. I understand that the funding provides 15 hours of child care, Monday to Friday, during term time and is not available until the term after my child turns 3.

OR

My child is eligible to receive 30 hours funding. I understand that this funding provides 30 hours of child care, Monday to Friday, during term time and is not available until the term after my child turns 3 and the term following my funding application.

MY NATIONAL INSURANCE NUMBER IS MY ELIGIBILITY CODE IS.....

(I agree that the Nursery can undertake any checks that are required to confirm this code)

OR

My child is not eligible for 3 year old funding and I understand that I will need to pay for this place. I understand that child care is provided Monday to Friday during term time.

(Please delete the statement that is not applicable)

Package Number Required: (Please see attached)

NAME OF CHILD..... MALE / FEMALE (circle as appropriate)

DATE OF BIRTH	ETHNICITY	RELIGION	LANGUAGE SPOKEN AT HOME

HOME ADDRESS
.....

POSTCODE..... TEL NO.....

PARENTS/CARERS NAMES IN FULL

1. Mrs/Miss/Ms (please circle).....

EMAIL.....

MOBILE.....

2. Mr.....

EMAIL.....

MOBILE.....

DOES THE CHILD HAVE ANY LEARNING OR MEDICAL NEEDS? ANY ALLERGIES/ SPECIAL DIET

NATURE OF EXTRA NEED	SUPPORT SERVICES INVOLVED Names and contact details	Early Help Form already in place;
	Reports from support agencies need to be copied before admission. Allergies/ special diets must be supported by a letter from a medical practitioner	YES/NO

I CERTIFY THIS INFORMATION IS CORRECT

SIGNED..... Parent/Carer Date.....

PRINT NAME

SIGNED AS CHECKED BY SCHOOL ADMIN STAFF Date.....YEAR OF ENTRY
.....