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#

Denton Island Nursery

SCDA Ltd

# Nursery Application Form

# Name of child ……………………………….....……M/F......…Date of birth…………..

Name(s) and address of parent(s) ………………………………………………………

……………………………………………………………………………………………….

Home Telephone ………………………Mobile Phone (s)…………...……………….

Email address..................................................................

I/We would like ……………………………to start attending the Denton Island Nursery

from (date) ………………………………………..until (end date if known)………………

or as soon as possible (allow 4 weeks) Yes (Please circle)

I give consent for Denton Island Nursery to contact me using the above details as and when needed. Signed Parent / Carer……………………………. Date ……………..

**For under 2, 2 or 3 year olds not claiming EYEE funding, please indicate if you require term time only –please circle**

**For 2, 3 or 4 years old receiving EYEE funding (38 weeks), indicate if you require stretchable hours – please circle, and/or nursery term time (approx 39 weeks) - please circle. If you only require a completely free 15 hours x 38 weeks nursery place – please circle.**

|  |  |  |
| --- | --- | --- |
| **Nursery Term Time only****approx 39 weeks**  | **Stretchable Hours****for funded 3-5 year olds**  | **Free 15 hours funded** **38 weeks only** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| ***Start times*** |  |  |  |  |  |
| **8.00am****Breakfast time** |  |  |  |  |  |
| **8.30am** |  |  |  |  |  |
| **9.00am** |  |  |  |  |  |
| **Packed lunch** |  |  |  |  |  |
| **Hot meal** |  |  |  |  |  |
| **1.00pm** |  |  |  |  |  |
| **/Cont…………..****NAME OF CHILD………………………………………** |
| ***End times*** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **12.00 noon** |  |  |  |  |  |
| **1.00 pm** |  |  |  |  |  |
| **3.00 pm** |  |  |  |  |  |
| **3.30 pm** |  |  |  |  |  |
| **4.00 pm**  |  |  |  |  |  |
| **5.00pm****Tea time** |  |  |  |  |  |
| **6.00 pm**  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |

**There is a £25 registration fee payable on application**

**CHEQUES SHOULD BE MADE PAYABLE TO SCDA**

Please state reason for requiring a nursery place

…………………………………………………………………………………………….

Are you in receipt of benefits, if so which one(s) ?..………………………………………

Does your child attend at another nursery setting or childminder? Yes I No



If yes, please detail below:

Name of setting or childminder.......................................................................................

Address..........................................................................................................................

Telephone No..........................................

If we find that we no longer need the place, we will inform the nursery as soon as possible.

Signature of parent ………………………………………………Date………………….