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# 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 ……………..

**All spaces are full year attendance for 3 months-2 year old only**

**Term time attendance is only available for children ages 2, 3 & 4 years old if they have a valid funding code. 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 38/39 weeks – 2, 3 & 4 year old funded children ONLY.**  | **Stretchable Hours/Full year attendance****for funded 3-5 year olds**  | **Securing a place for a child under 3 years old/not eligible for funded hours – Attendance is FULL YEAR 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 – Lunch time**  |  |  |  |  |  |
| **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 along with a copy of your child’s birth certificate or passport**

Please state reason for requiring a nursery place

…………………………………………………………………………………………….

Does your child have any special educational needs/developmental needs?

………………………………………………………………………………………………

Do you have any concerns about your child’s development?

……………………………………………………………………………………………………….

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………………….