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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 on a full year attendance basis for children aged 3 months-3 year old, with the exception of certain criteria to have the option to attend term time – ask staff for more details.**

**Minimum of two sessions (days attended per week)**

**Term time attendance is only available for children ages 2 year old with a valid 6 digit funding code and 3 & 4 years old if attending 15 hours or less a week.**

**For babies, 2, 3 or 4 years olds receiving a funding code starting 5…… (these are usually 11 digits - working families code) or if child is attending more than 16 hours per week and using a 30 hour funding code or paying for childs full nursery fee’s all spaces are on a full year basis.**

|  |  |  |
| --- | --- | --- |
| **NURSERY TERM TIME ONLY****approx 38/39 weeks – for 2 years olds with either a 6 digit funding code or 3 & 4 year olds attend 15 hours or less a week**  | **FULL YEAR ATTENDANCE****for funded babies & 2 year olds with an 11 digit funding code starting 5…. attendance is full year only and 3-4 year olds attending 16 hours or more a week & using a 30 hour funding code.**  | **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** |  |  |  |  |  |
| **9.00am** |  |  |  |  |  |
| **1.00pm** |  |  |  |  |  |
|  |
| ***End times*** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **12.00 noon** |  |  |  |  |  |
| **1.00 pm** |  |  |  |  |  |
| **3.00 pm** |  |  |  |  |  |
| **4.00 pm**  |  |  |  |  |  |
| **5.00pm****Tea time** |  |  |  |  |  |
| **6.00 pm**  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |

**There is a £50 Administration 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) ?..…………………………………………….

**2 Year old funding:** Please write your child’s 2 year funding code if your they have one/are eligible:……………………………………………..

**30 hour funding:** Please write down your child’s 30 hour funding code and parents national insurance number(s) if eligible for 30 hours funding: ………………………………………………………………………………………………………….

**Parents National Insurance number:** ………………………………………………………….

Does your child attend at another nursery setting or childminder? Yes / 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………………….