**Nursery Application**

Forename(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Child’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date do you require your child to start nursery?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if your child is attending another Blackpool childcare setting:

Yes No

If ‘yes’ please say which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

Please indicate below which hours you require each day. **Extra charge sessions (breakfast and after school) are limited due to staffing ratios and need to be booked in advance.** You are not able to use your free entitlement against breakfast and afterschool club sessions. Fees per hour are £4.00. For example, £12 for a morning or afternoon session.

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| --- | --- | --- | --- | --- | --- |
| **Term Time Only** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| Breakfast Club8:00am to 8:45am**Extra charge of £2 per day** |  |  |  |  |  |
| All Day 8:45am to 3:15pm |  |  |  |  |  |
| Morning Session8:45am to 11:45am |  |  |  |  |  |
| Afternoon Session12:15pm to 3:15pm |  |  |  |  |  |
| After School Club3:15pm to 5:30pm**Extra charge of £6 per day** |  |  |  |  |  |

***Once the sessions requested above are agreed we will need one month’s notice if you require any amendments.***

Children attending an all day session will have a lunchtime. Please select one of the following lunch provision options for your child:

Packed lunch School meal **(Extra charge of £2 per day)**

**Is/Does your child:**

In public care (looked after)? Yes / No
Known to Social Services? Yes / No
Statemented for Special Educational Needs / EHC Plan? Yes / No
Known to the Educational Psychology Service? Yes / No
Have a disability? Yes / No
Have an illness? Yes / No

 **Please give any further information about your child’s Social, Medical or Welfare Circumstances:**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please continue on another sheet or submit supporting evidence**

 **Please delete as appropriate:**I will be accessing 15 hours through the 3 year old free entitlement Yes / No
I will be accessing 30 hours through the 3 year old free entitlement Yes / No
I will be paying for some or all of my child’s nursery provision Yes / No

**Please note:** You will need to give notice to any other setting that you receive Local Authority funding for.

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| --- |
| **Parent/Carer Details** |
| **Surname** |  | **Forename(s)** |  |
| Address | Postcode:  | Mobile |  |
| Telephone |  |
| E-mail |  |
| **Surname** |  | **Forename(s)** |  |
| Address | Postcode: | Mobile |  |
| Telephone |  |
| E-mail |  |

**I/We confirm that the information provided in this form is correct.**

**Signed: Parent(s)/Carer(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_