**** **SANDY LANE NURSERY AND FOREST SCHOOL**

**Application form**

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male / Female** (Please circle)

**Address (including postcode):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**NI number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child: Mother / Father / Foster Parent / Other** (please state) **\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the child in the care of the Local Authority?** Yes/No

**Any information we should know regarding your child?**

If your child has a special need, written support from a Health Visitor, Doctor or Social Worker will be required and should be attached to this form.

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| **Funding** |  |
| Are you eligible for 2-year funding? | Yes / No |
| If ‘No’, will you be applying? | Yes / No |
| If ‘Yes’, please provide your 2-year funding code: |  |
| Are you eligible for the Working Parent extended hours funding? | Yes / No |
| If ‘Yes’, please provide your Working Parent extended hours funding code: |  |

**In some circumstances we can check, with your permission, to see if your child is eligible to 2-year funding. Is this something you would like us to do?** Yes / No

**Has your child previously attended / currently attends another nursery/childminder, and if so, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us? Facebook / Google / Website / Live locally / Recommendation / Other (please specify)**

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**Have any of your other children attended this Nursery? Yes / No (\*please give their names)**

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**Please indicate your preference for sessions:** 30 hours / morning / afternoon

**P.T.O.**

We offer wrap around care Monday to Friday.

We will also be offering a school holiday club in partnership with WASPS at a separate location. Do you think you may be interested in paying for any additional hours/sessions?

**Before school…... yes / no**

**After school…...yes / no**

**School Holidays…. yes / no**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*We will contact you when your child is eligible for a nursery place.*

***Please remember to inform us of ANY changes to this form***.

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| **Notes (office staff)** |