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| --- | --- | --- | --- | --- | --- | --- |
| **Child Details:** | / ///////////////////////////////// | | | ///////////// | //////////////////////////// | |
| First Name(s) |  | | | Surname |  | |
| Date of Birth |  | | | Gender |  | |
| Address |  | | | | | |
| Postcode |  | | | Telephone No. |  | |
| Pre School currently attending (if any):  Tele Number. | | | |  | | |
| Is the child a Looked After Child by the Local Authority? | | | | Yes/No | If so please attach details/evidence | |
| Does the child have a statement of special needs? | |  | | Yes/No | If so please attach details/evidence | |
| Does the child have a sibling already attendingthe nursery or school? | |  | | Yes/No | If so please list sibling(s) names and dates of birth: | |
| **Name of Parent/Guardian at home address:** | |  | | | | |
| Relationship to child: | |  | | Title: |  | |
| First Name | |  | | Surname |  | |
| **email address** | |  | | **Mobile Number** |  | |
| **Funding** | | Would your child require 30 hours | | Yes/No | Please contact school if unsure | |
| Signature of Parent/Guardian: | | |  | | | Date: |
| **Once you have fully completed this form please return to the school office with a copy of your child’s birth certificate and proof of your address (ie recent utility bill or other official document).** | | | | | | |
| **Completing this form does not guarantee a place. The information on this form will be used only for the purposes of allocating nursery places. The data will be processed in compliance with the Data Protection Act.** | | | | | | |