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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.** |