



Little Bishop Street  
 St Pauls  
 Bristol  
 BS2 9JF

Tel (0117) 903 0337 Fax (0117) 3772361

**Day Care Application Form**

**Today's Date .....**

Name of Child:		Address	Post Code
DOB:			Tel No: Mob No:
Boy	Girl		
Parents Name:		Parents DOB:	Email address:
Relationship to child: <div style="display: flex; justify-content: space-around;"> <span>Mother</span> <span>Father</span> </div>			
Other carer (please specify).....			
Please state Ethnicity and Religion of:			
Parent 1			
Parent 2			
Child			
Please provide names of all people who have parental responsibility			
Name 1			
Name 2			
Name 3			
Name 4			

**Disabilities.**

Do you consider either of the carers or child to have a disability? Please circle

Parent 1    Yes                      No                      Prefer not to say

Parent 2    Yes                      No                      Prefer not to say

Child        Yes                      No                      Prefer not to say

Are you training/studying:

**YES**

**NO**

Delete as appropriate

How soon do you need Day Care to start

Start Date:

Are you working?

YES

NO

What hours do you work/train?

Are you in receipt of Working/Family Tax Credit?

YES

NO

Please indicate which sessions you would like day care:

(Minimum of two)

Session	Breakfast 8am-9am	Core AM 9am-1pm	Core PM 1pm – 4pm	Core PM 1pm-5pm	Late 5pm- 6.00pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

- Signature of Parent/Carer

- Name in BLOCK CAPITALS