



1
Little Bishop Street
St Pauls
Bristol
BS2 9JF

Tel (0117) 903 0337 Fax (0117) 3772361

A NON-REFUNDABLE ADMINISTRATION CHARGE OF £20 IS PAYABLE WITH THIS APPLICATION.

Fee Paying Day Care Application Form Today's Date

Name of Child:	Address	Post Code
DOB:		Tel No:
Boy Girl		Mob No:
Parents Name:	Parents DOB:	Email address:
Relationship to child:		
<div style="display: flex; justify-content: space-around;"> Mother Father </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 <small>Delete as appropriate</small>	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
- FOR OFFICE USE ONLY # **Please check parent has added date**

ADMINISTRATION CHARGE PAID
DATE

Priority 1	Safeguarding/SEN
Priority 2	In area
Priority 3	Siblings
Priority 4	Out of area
Priority 5	Age