

## A NON-REFUNDABLE ADMINISTRATION CHARGE OF £20 IS PAYABLE WITH THIS APPLICATION. THIS CHARGE DOES NOT GUARANTEE A PLACE

Fee Paying Day Care Application Form

**Todays Date** 

Name of Child:		Address		Tel No: Parent 1:		
DOB:				Parent 2:		
Please circle Post Code   Boy Girl		Post Code		Home No:		
Parents Name: Parent 1 DC Parent 2 DC						
		Email addres	55:			
Please let us know if any of your other children have been with us before (Y/N) :			Please state Ethnicity and Religion of: Parent 1			
If yes, please give child's name/s :			Parent 2			
			Child			
Disabilities.	the en	ana an abila b	- he ve e dieskili	t 2 Diagon civela		
-	er either of the carers or child to have a disability? Please circle No Prefer not to say					
Parent 2 Yes N	lo	Prefer not to say				
Child Yes I	No	Prefer not to say				
Are you working/attending college? Please delete as appropriate			How soon do you need Day Care to start			
What hours do you work/attend college?			Start Date:			
If attending college, will the fees be paid by the college/parent			If college fees are paid by the college, we will require a letter of authorisation			
Are you in receipt of Working/Family Tax Credit? YES NO						
Has 2 year old check been completed?						
Will you be eligible for the free funded 12 hours in the future?						

Please indicate which sessions you would like day care:

Session	8.30am- 4.00pm	8.30am- 5.30pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- Signature of Parent/Carer
- Name in BLOCK CAPITALS

## FOR OFFICE USE ONLY # **Please check parent has added todays date** ADMINISTRATION CHARGE PAID DATE

Please tick if you are happy to receive	
information about the centre our	
Nursery School in the future	

Date	Contact Name	Details of conversation	Staff Name