

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 Boy Girl		Post Code		Home No:			
Parents Name:			Parent 1 DOB: Parent 2 DOB:				
			Email addres	SS:			
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			
Disabilitie	-			·			
Do you consider either of the carers or child to have a disability? Please circle Parent 1 Yes No Prefer not to say							
	165	NU		tu say			
Parent 2	Yes	No	Prefer not to say				
Child	Yes	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