** 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.**

**THIS CHARGE DOES NOT GUARANTEE A PLACE**

**Fee Paying Day Care Application Form Todays Date**

|  |  |  |
| --- | --- | --- |
| Name of Child:DOB: | AddressPost Code | Tel No:Parent 1:Parent 2:Home No: |
| Please circleBoy Girl |
| Parents Name: | Parent 1 DOB: Parent 2 DOB: |
| Email address:  |
| Please let us know if any of your other children have been with us before (Y/N) :If yes, please give child’s name/s : | Please state Ethnicity and Religion of:Parent 1Parent 2Child |
| Disabilities.Do you consider either of the carers or child to have a disability? Please circleParent 1 Yes No Prefer not to sayParent 2 Yes No Prefer not to sayChild 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 |
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