**Nursery Application**

**Please note: we only take children from the age of 3.**

Forename(s): Click or tap here to enter text. Surname: Click or tap here to enter text.
Date of birth: Click or tap here to enter text. Gender: Click or tap here to enter text.
Child’s address: Click or tap here to enter text.
Postcode: Click or tap here to enter text.

What date do you require your child to start nursery?: Click or tap here to enter text.

Please indicate if your child is attending another Blackpool childcare setting:

Yes ☐ No ☐

If ‘yes’ please say which: Click or tap here to enter text.

Please indicate below which hours you require each day. **Extra charge sessions (breakfast and after school) are limited due to staffing ratios and need to be booked in advance.** You are not able to use your free entitlement against breakfast and afterschool club sessions. Fees per hour are £5.00. For example, £15 for a morning or afternoon session.

| **Term Time Only** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| --- | --- | --- | --- | --- | --- |
| Breakfast Club8:00am to 8:45am**Extra charge of £3 per day** | ☐ | ☐ | ☐ | ☐ | ☐ |
| All Day 8:45am to 3:15pm**Lunch cover charge £2.50 per day** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Morning Session8:45am to 11:45am | ☐ | ☐ | ☐ | ☐ | ☐ |
| Afternoon Session12:15pm to 3:15pm | ☐ | ☐ | ☐ | ☐ | ☐ |
| After School Club3:15pm to 5:30pm**Extra charge of £8 per day** | ☐ | ☐ | ☐ | ☐ | ☐ |

***Once the sessions requested above are agreed we will need one month’s notice if you require any amendments.***

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Children attending an all-day session will have a lunchtime. This is not covered by any funding so please note the lunch cover charge of £2.50 which is used to cover staffing costs. Please select one of the following lunch provision options for your child:

Packed lunch ☐ School meal **(Extra charge of £1.65 per day) ☐**

**Is/Does your child:**

In public care (looked after)? Yes ☐ / No ☐
Known to Social Services? Yes ☐ / No ☐
Statemented for Special Educational Needs / EHC Plan? Yes ☐ / No ☐
Known to the Educational Psychology Service? Yes ☐ / No ☐
Have a disability? Yes ☐ / No ☐
Have an illness? Yes ☐ / No ☐

 **Please give any further information about your child’s Social, Medical or Welfare Circumstances:**

Click or tap here to enter text.

**Please continue on another sheet or submit supporting evidence**

 **Please delete as appropriate:**I will be accessing 15 hours through the 3 year old free entitlement Yes ☐ / No ☐
I will be accessing 30 hours through the 3 year old free entitlement Yes ☐ / No ☐
I will be paying for some or all of my child’s nursery provision Yes ☐ / No ☐

**Please note: You will need to give notice to any other childcare setting that you receive Local Authority funding for.**

| **Parent/Carer Details** |
| --- |
| **Surname** | Click or tap here to enter text. | **Forename(s)** | Click or tap here to enter text. |
| Address | Click or tap here to enter text.Postcode: Click or tap here to enter text. | Mobile | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| E-mail | Click or tap here to enter text. |
| **Surname** | Click or tap here to enter text. | **Forename(s)** | Click or tap here to enter text. |
| Address | Click or tap here to enter text.Postcode:Click or tap here to enter text. | Mobile | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| E-mail | Click or tap here to enter text. |

**I/We confirm that the information provided in this form is correct.**

**Signed: Parent(s)/Carer(s)** Click or tap here to enter text. **Date** Click or tap here to enter text.