

Huncoat Nursery Application Form

1. CHILD DETAILS

Surname:

Forename(s)

Male ☐

Female ☐

Date of Birth:

Child's Address:

Postcode:

Child's Home Language:

Please tick as appropriate.

In public care (looked after)

Yes

☐

No

☐

Known to Children's Integrated Services (Social Worker)

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

☐

If you tick yes in any box, please note sections 5 and 6 of this form.

2. SIBLING DETAILS

These are defined as brother, sisters, half-brothers, half-sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission).

Surname:

Forename(s):

DoB:

Surname:

Forename(s):

DoB:

Surname:

Forename(s):

DoB:

I am applying for a place in nursery for my child from (date)

NURSERY *Nursery Sessions Required: (Please tick as appropriate)*

	MON	TUES	WED	THUR	FRI
MORNINGS 8.50AM – 11.50AM	☐	☐	☐	☐	☐
LUNCHTIMES 11.50AM – 12.30PM	☐	☐	☐	☐	☐
AFTERNOONS 12.30PM – 3.30PM	☐	☐	☐	☐	☐

WRAP AROUND CARE *Wraparound care hours required: (Please tick as appropriate)*

	MON	TUES	WED	THUR	FRI
BREAKFAST CLUB 7.30AM – 8.50AM	☐	☐	☐	☐	☐
AFTER SCHOOL CLUB 3.30PM – 4.30PM	☐	☐	☐	☐	☐
AFTER SCHOOL CLUB 3.30PM – 5.30PM	☐	☐	☐	☐	☐

LUNCH ARRANGMENTS *(Please tick as appropriate)*

SCHOOL DINNER	PACKED LUNCH
☐	☐

The parent/carer 1 details should be completed for the main claimant/benefit holder to enable the local authority to confirm eligibility for 2-year-old funding, 30-hour funding and/or EYPP funding.

FAMILY DETAILS	PARENT/CARER 1 (MANDATORY)	PARENT/CARER 2 (OPTIONAL)
Legal Surname		
Legal Forename (s)		
National Insurance Number		
Date of Birth		

My child is entitled to 15 funded hours ☐

My child is entitled to 30 funded hours ☐ 30-hour code:

To find out if your child is entitled to 30 funded hours, please go to www.childcarechoices.gov.uk and register by following the links to HMRC Revenue and Customs. By signing this form, you give permission for LET Education Trust to check the eligibility of your 30-hour code you have provided.



3. PARENTS'/CARERS' DETAILS

First Priority Contact

Surname: Forename(s):

Relationship to the child:

Address: *(if different from child's):*

Postcode:

Contact Details

Email: Telephone No:

Second Priority Contact

Surname: Forename(s):

Relationship to the child:

Address: *(if different from child's):*

Postcode:

Contact Details

Email: Telephone No:

Third Priority Contact

Surname: Forename(s):

Relationship to the child:

Address: *(if different from child's):*

Postcode:

Contact Details

Email: Telephone No:

4. MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES OF THE CHILD OR THE FAMILY. PLEASE CONTINUE ON A SEPARATE SHEET OR SUBMIT SUPPORTING EVIDENCE IF REQUIRED.

Are there persons/professionals who could support this application? (Please state any information which you think is relevant or attach a written statement if available).

Name	Designation (e.g., doctor/ health visitor)	Address	Telephone No.

6. Signatures

Name (in full):		Signed:		Date:	
Name (in full):		Signed:		Date:	

I / we acknowledge that the information given on this form is accurate.