

LITTLE STARS NURSERY APPLICATION FORM

2 YEAR OLD

Documents to be accompanied with the completed application form.				
Enclosed/sight of an original utility bill received within the last two months as proof of address				
Enclosed/sight of proof of Date of Birth				
Enclosed supporting evidence, if applicable (e.g. a letter from the family doctor/hospital consultant in support of any medical or social priority request)				
Preferred start term and year				
CHILD'S PERSONAL DETAILS				
CONTACT DETAILS				
Surname				
Forename(s)				
Date of Birth				
Gender	Male / Female			
Title	Mr / Mrs / Miss / Ms / Other			
Forename				
Surname				
Relationship to child				
Do you have parental responsibility?	Yes / No			
Address				
Postcode				
Are you registered for Council Tax at this address? Yes / No				
Telephone numbers				
Home				
Mobile				
Email				

ADDITIONAL INFORMATION

Is there a sibling on roll in this nursery or at this academy?	Yes / No Name of sibling(s):
Is there an exceptional social or medical need for a place at this nursery?	Yes / No
If yes, give details below. It is YOUR responsibility to professional in support of this):	provide evidence from a relevant
Does your child have an Education, Health and Care Plan?	Yes / No
Is your child in Local Authority care or adopted after being in care or became subject to an adoption, residence, or special guardianship order?	Yes / No If yes, please give contact details for the Local Authority:
Is there a court order in relation to this child?	Yes / No
Is anyone who has parental responsibility for your child a UK Service Personnel?	Yes / No
Is your child attending any playgroup or pre-school?	Yes / No My child attends:

SESSION PREFERENCES

	Extended	MorningSession	AfternoonSession	Extended
	Provision	9am-12 pm	12pm-3pm	Provision
	8am-9am	3 hours	3 hours	3pm-5:30pm
	1 hour	o nodio	o riodio	1, 2 or 2 ½ hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
	rhou ding confirmation.	rs as part of my free 2-Y AND/OR	ear-Old 15 hour childcar	re. Please attach a

YOUR DECLARATION AND SIGNATURE

- 1. I understand that I am required to evidence proof of birthdate and evidence of address.
- 2. Application and attendance at the nursery does not guarantee a place in the reception class. An application must be made separately
- 3. I confirm that the details I have provided are accurate.
- 4. I agree to tell the academy if there are any changes to the details that I have provided in this form.
- 5. I understand that if there are no places available for my child his/her name will be entered onto a waiting list.
- 6. I will return this form to Ellacombe Academy, Ellacombe Church Road Torquay, TQ1 1TG or email Littlestars@lapsw.org

I understand and agree to the conditions set out in this document and I agree to the provider claiming free entitlement funding as agreed on behalf of my child. I also agree that the information provided can be shared with the local authority and Department for Education. I understand that if I have given false information on this form I may be asked to reimburse the provider.

Parent/Carer/Guardian with legal responsibility				
If entitled to 2-year funding please	Unique Reference number			
complete the following and provide a				
copy of the letter:				
If entitled to Tax-Free Childcare,	Unique Reference number			
pleasecomplete the following:				
Signed				
Print name				
Date				

I, being a parent/guardian/person with parental responsibility for the child named understand that the school collects and uses certain types of personal information about pupils. The school is required by law to comply with statutory obligations related to education and associated functions and may be shared with other agencies for the prevention and detection of fraud and the protection of children. Personal information is dealt with properly and securely and in line with the General Dara Protection Regulation (UK GDPR) and other related legislation. For further information, please see the Fair Processing Notice (Privacy Notice) which can be found on our website.

For school use:	
Birth Certificate Number	
Proof of Address	