

LITTLE STARS NURSERY APPLICATION FORM

3 AND 4 YEAR OLDS



CHILD'S PERSONAL DETAILS

Surname	
Forename(s)	
Date of Birth	
Gender	Male / Female

CONTACT DETAILS

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
<i>If yes, give details below. It is YOUR responsibility to provide evidence from a relevant professional in support of this):</i>	
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 <i>If yes, please give contact details for the Local Authority:</i>
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 <i>My child attends:</i>

SESSION PREFERENCES

Please tick session preferences *Depending on availability						
	Extended provision 7:30 am–8.30am 1 hour	Session 8.30am–9am ½ hour	Morning Session 9am-11.30am 2 ½ hours	Lunch 11.30am-12pm ½ hour	Afternoon Session 12.00am-3pm 3 hours	Extended provision 3pm–6pm 1,2 or3 hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

I am applying for.....hours as part of my free 15 / 30* hour entitlement. Further details will be required once a place has been offered and accepted. * please delete as appropriate

I would like to apply for additional morning and/or afternoon sessions and agree to pay the charges for these. Please contact the academy office on 01803 293040 current prices.

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 C of E Academy, Ellacombe Church road, Torquay, TQ1 1TG or littlestars@lapsw.org

By signing below I confirm that the information I have provided above is accurate and true. 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 30 hours funding please complete the following information:	11 digit ref number (DERN)	Parent NI number(s)
If entitled to Tax-Free Childcare please complete the following:	Unique Reference number	
Signed		
Print name		
Date		

All information supplied is subject to General Data Protection Regulations 2018.