

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 <i>Name of sibling(s):</i>
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>
Please tell us how you hear about Little Stars nursery? Why you have chosen us for your child?	

SESSION PREFERENCES

Please tick session preferences *Depending on availability							
	Extended provision 07:30 am– 8.00am 1/2 hour	Extended provision 8:00 am– 8.30am 1/2 hour	Session 8.30am – 11:30am 3 hours	Morning Session 9am- 11.30am 2 ½ hours	Lunch 11.30am-12pm ½ hour	Afternoon Session 12.00am-3pm 3 hours	Extended provision 3pm– 5:30pm 1,2 or 2.5 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 hours and agree to pay the charges for these. Please contact the academy office on 01803 293040 for 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		