



Nursery Place Request Form

Full Name of Child			
Date of Birth		Gender	
Home Address			
Contact 1 Name:		Relationship to Child:	
Telephone Number:		Email Address:	
Contact 2 Name:		Relationship to Child:	
Telephone Number:		Email Address:	

I wish to apply for a:				
Morning Only Place		Afternoon Only Place		Full Time Place

My child is eligible for 30 hour free childcare funding	YES / NO
Eligibility Code from HMRC	
Parents National insurance Number	
Parents Date of Birth	

I am not eligible for 30 free childcare but I wish to top up to a full time paid Nursery place at a cost of £75 per week	YES / NO

Please list any siblings already attending HFPS:			
Is or has your child ever been 'Looked After' by Children's Services?	YES / NO		
Does your child have any exceptional medical & social needs?	YES / NO		

Parent/Carers Signature:			
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Office Use	Date received:		Expected Admission Term:	
Proof of DOB Evidence Seen:	Birth Certificate:	Medical Card:	Passport:	Seen by: