



## NURSERY PLACE APPLICATION FORM

<b>Full Name of Child</b>				
<b>Date of Birth</b>		<b>Race/Ethnicity</b>		<b>Gender</b>
<b>Home Address</b>				
<b>Contact 1 Name:</b>		<b>Relationship to Child:</b>		
<b>Telephone Number:</b>		<b>Email Address (please print):</b>		
<b>Contact 2 Name:</b>		<b>Relationship to Child:</b>		
<b>Telephone Number:</b>		<b>Email Address (please print):</b>		

<b>I wish to apply for a:</b>			
<b>Morning Only Place</b>	<b>Afternoon Only Place</b>	<b>Full Time Place</b>	

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

<b>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</b>	<b>YES / NO</b>
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<b>Please list any siblings already attending HFPS:</b>		<b>Do you claim Disability Living Allowance For Your Child YES / NO If Yes please provide school office with evidence (copy of claim letter)</b>
<b>Is or has your child ever been 'Looked After' by Children's Services?</b>		<b>YES / NO</b>
<b>Does your child have any exceptional medical &amp; social needs?</b>		<b>YES / NO</b>

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

