NURSERY PLACE APPLICATION FORM

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

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:		**Do you claim Disability Living Allowance For Your Child YES / NO If Yes please provide school office with evidence (copy of claim letter)**
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:	

Office Use	**Date received:**		**Expected Admission Term:**	
Proof of DOB Evidence Seen:	**Birth Certificate:**	**Medical Card:**	**Passport:**	**Seen by:**