

# Somerset Nursery School and Children Centre Application Form

Child's Surname:  D.O.B.  Admin: BC Seen

Childs First Name(s):  Boy  Girl

Does your child currently receive 2yr Old funding? Yes  No

If yes, please provide your funding code.

Details of Parent (s) or Guardian (s) With Whom Child Lives

|  |  |
|--|--|
| Surname: <input type="text"/>                      | Surname: <input type="text"/>                      |
| First Name(s): <input type="text"/>                | First Name(s): <input type="text"/>                |
| Mr/Mrs/Miss/Ms: <input type="text"/>               | Mr/Mrs/Miss/Ms: <input type="text"/>               |
| Home Tel No. <input type="text"/>                  | Home Tel No. <input type="text"/>                  |
| Work Tel No. <input type="text"/>                  | Work Tel No. <input type="text"/>                  |
| Mobile No. <input type="text"/>                    | Mobile No. <input type="text"/>                    |
| Email: <input type="text"/>                        | Email: <input type="text"/>                        |
| <u>Relationship to Child:</u> <input type="text"/> | <u>Relationship to Child:</u> <input type="text"/> |

Address

Post Code  Borough of Residence

Name and ages of child's siblings

Names of those with parental responsibility:

|   |   |   |
|---|---|---|
| Surname: <input type="text"/>               | Surname: <input type="text"/>               | Surname: <input type="text"/>               |
| First Name: <input type="text"/>            | First Name: <input type="text"/>            | First Name: <input type="text"/>            |
| Relationship to Child: <input type="text"/> | Relationship to Child: <input type="text"/> | Relationship to Child: <input type="text"/> |

Name of Absent Parent

Surname:  First Name:  Relationship to child:

Address:

Contact Number:

Country of Birth

Mother:

Father:

Guardian:

Child:

Family Religion?

Languages spoken at home

Mother:

Father:

Guardian:

First language of child:

Is your child bilingual? Yes  No

Does your child have any Special Educational Needs? Yes  No

If your Child has an acute medical or personal reason for needing a place at this school you must tick the box and provide professionally supported evidence with your application.  Medical/social report attached.

Does your child have any pre school experience? E.g. Private Nursery, CC Etc Yes  No

If yes, please provide details:

**NURSERY SCHOOL ONLY-**

**Please specify preferred choice; 1 First Choice / 2 Second Choice/ 3 Third choice**

Additional 15 Hours (Full Time)

Part Time 15 Hours with one Full Day

9:15am-3:15pm

AM 9:15am -11:45am

PM 12:45 -3:15pm

**If you are requesting the additional 15 Hours (Full Time), you must be eligible.**

**Below is the criteria for the Additional 15 Hours.**

- Both parents must be working and each parent must be earning on average a weekly minimum equivalent to 16 hours at the minimum wage/national living wage.
- Neither parent should earn more than £100,000 per year.
- Lone parents are subject to the above criteria.
- One/Both parent(s) is away on Maternal/Paternal leave.
- One or both parent(s) on statutory sick.
- One parent is employed and the other parent has either: substantial caring responsibilities/and or a disability.

**Please visit the government website to check if you qualify for the additional 15 hours.**

**[www.gov.uk/childcarechoices.gov.uk](http://www.gov.uk/childcarechoices.gov.uk)**

If you do qualify,

Please provide your eligibility/funding code:

National Insurance Number:

**Please note: Parents are required to review their eligibility every 3 months.**

**Declaration:**

1. I can confirm that the above information is correct to the best of my knowledge and I understand that the council or school reserve the right to reconsider the offer of a place should the information be incorrect.
2. I confirm that I will inform the school of any changes to the information stated on the application.
3. I confirm that I will give the school a minimum of a one terms notice if I decide to withdraw my child's place from the Nursery.
4. I give consent for the nursery to use the NI number and funding code that I have provided for any checks that may be necessary.

**WANDSWORTH:** Data Protection Act 1998

WARNING: The authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within its authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Signature of Parent or Guardian

Date