



CHARLETON NURSERY APPLICATION FORM

2 YEAR OLD

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 your child eligible for a funded 2-year-old place?	Yes / No
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>

SESSION PREFERENCES

	Session 8.30am–9am ½ hour	Morning Session 9am-11.30am 2 ½ hours	Lunch 11.30am-12pm ½ hour	Afternoon Session 12.00am-3pm 3 hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

START DATE

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 Charleton C of E Academy, West Charleton, Kingsbridge, TQ7 2AL or chareyton@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 2 year funding please complete the following and provide a copy of the letter:	Unique Reference number
If entitled to Tax-Free Childcare please complete the following:	Unique Reference number
Signed	
Print name	
Date	

All information supplied is subject to General Data Protection Regulations 2018.