**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 |
| AddressPostcodeAre 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*Name of sibling(s):* |
| Is there an exceptional social or medical need for a place at this nursery? | Yes / No |
| ***If yes, give details below. It is YOUR responsibility to provide evidence from a relevant professional in support of this):*** |
| 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*If yes, please give contact details for the Local Authority:* |
| 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*My child attends:* |

 **SESSION PREFERENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Session8.30am–9am½ hour | Morning Session9am-11.30am2 ½ hours | Lunch11.30am-12pm½ hour | Afternoon Session12.00am-3pm3 hours  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

**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 charleton@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 30 hours funding please complete the following information:**  |

|  |
| --- |
| **11 digit ref number (DERN)** |

 |

|  |
| --- |
| **Parent NI number(s)** |

 |
|  |  |
| **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.*