# Application for a nursery place – 2yr Provision

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| Child’s details  |
| Surname |  |
| Forename |  | Gender |  |
| Middle name |  | Date of birth |  |
| Current childcare |  |

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| Home address |
| Flat no / building name |  |  |
| Number / street |  |  |
| District |  |
| Town |  | Post code |  |

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| Contact details for parent/carer |
| Title: Mr/Mrs/Miss/Ms |  | Phone (day) |  |
| Surname |  | Phone (evening) |  |
| Forename |  | Phone (mobile) |  |
| Email address |  |
| Relationship to child |  | Do you have parental responsibility? | **Yes / No** |

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| Brothers or sisters who will be attending at the same time |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |
| Name: |  | DOB: |  |

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| Faith - use this section if faith or church attendance is used to determine who is offered a place |
| Attach a copy of baptism certificate or a letter from your priest confirming that your child is baptised, if applicable. |
| Is your child baptised? | Yes / No | If yes, which denomination? |  |
| Place of baptism |  | Baptism date |  | Certificate attached□ |

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| Additional information about your child |
| Does your child have an education, health and care plan? | Yes / No |
| Is your child “looked after” by a local authority (in care)? | **Yes / No** |
| If yes, which local authority? |  |

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| Are you taking up part of your provision with another provider? |  |
| If yes, name the provider |  |
| If you have been offered provision elsewhere be sure to let everyone know where your child is going to attend |

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| Funding information  |
| My child is eligible for Early Education Funding for 2yr olds? | Yes / No |
| If yes has funding confirmation been received? | **Yes / No** |
| Please state term your funding will start? | **Autumn Term - September** □**Spring Term - January** □**Summer Term - April** □  |
| Preferred session time | **Mornings 8.30am-11.30am** □**Afternoons 12pm – 3pm** □ |
| Will you require any additional hours on top of 15 hour funding? | **Yes / No** |

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| Self- funded Places |
| Start Date Required |  |
| Days/Hours required? | **Opening hours 8am – 5pm****Monday** □**Tuesday** □**Wednesday** □**Thursday** □**Friday** □ |

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| **Please return this application form to:** Coleshill Heath SchoolLime GroveChelmsley WoodBirminghamB37 7PYOrs15chuckles@chs.solihull.sch.uk |