# 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 School  Lime Grove  Chelmsley Wood  Birmingham  B37 7PY  Or  s15chuckles@chs.solihull.sch.uk |