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**BBeebies Nursery Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname of child | |  | | | First name(s) of child | | |  | | | |
| Date of birth | | | / / |  | | Boy |  | | Girl |  | (Tick as appropriate) |
| Address of child | Postcode: | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent / carer’s name (1st contact) | |  | | | |
| Relationship to child | | |  | | |
| Parental Responsibility  (Please circle) | | | YES NO | | |
| Telephone Numbers | | | | Home |  |
| Daytime |  |
| Mobile |  |
| Address | |  |  | | --- | --- | | Same as child (please tick) |  |   Postcode:  Email: | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is your child in public care (‘looked after’ by a local authority) or were they previously in care? | | Yes |  | No |  | (Tick as appropriate) |
| If ‘yes’, which Local Authority? |  | | | | | |
|  | | | | | | |
| Names of any brothers or sisters who still attend Bishop Bronescombe | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Additional information to support your application: | | | | | |
| Parent / carer’s name (2nd contact) | |  | | | |
| Relationship to child | | |  | | |
| Parental Responsibility  (Please circle) | | | YES NO | | |
| Telephone Numbers | | | | Home |  |
| Daytime |  |
| Mobile |  |
| Address | |  |  | | --- | --- | | Same as child (please tick) |  |   Postcode:  Email: | | | | |
|  |  | | | | |
| Parent / carer’s name (3rd contact) | |  | | | |
| Relationship to child | | |  | | |
| Parental Responsibility  (Please circle) | | | YES NO | | |
| Telephone Numbers | | | | Home |  |
| Daytime |  |
| Mobile |  |
| Address | |  |  | | --- | --- | | Same as child (please tick) |  |   Postcode:  Email: | | | | |

|  |  |
| --- | --- |
| Other people authorised to collect my child: | |
| Name  Relationship to child | |  | | --- | |  | |  | |
| Name  Relationship to child | |  | | --- | |  | |  | |

|  |
| --- |
| Please give a password that you will have shared with people authorised to collect your child: |
|  |

|  |  |
| --- | --- |
| Does your child have any: | |
| Dietary Requirements: Yes / No | Allergies: Yes / No |
| |  | | --- | | If yes, please give details. | | |
| Does your child have any of the following already in place? \*If yes, please circle | |
| Early Years / School Action | Early Years / School Action Plus |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any professionals involved with the family?  \*If yes, please give details below. | | | Yes / No | |
| Name |  | Role | |  |
| Agency |  | Contact No. | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role |  |
| Agency |  | Contact No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent / Carer | Name in capitals | | |
|  |  | | |
|  | |  |  |
|  | | Date: | / / |



**Session Request Form**

On the table below please indicate which days and sessions you would prefer your child to attend the nursery. We try hard to meet parents’ requests however cannot guarantee that you will get exactly what you have requested.

Funding: Allocated sessions will be for the whole academic year. If your child’s funding does not start until later in the year you will need to pay for sessions until that time.

A child is usually entitled to funding for 15 hours in the term after they have their third birthday. If you believe your child is entitled to funding you will need to complete a funding form. Please contact the school for this or if you have any queries about funding.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname of child |  | | | First name(s) of child | | |  | | | |
| Date of birth | | / / |  | | Boy |  | | Girl |  | (Tick as appropriate) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  8:45 - 11:45am |  |  |  |  |  |
| Lunch  **£2 charge (not funded)**  11:45 - 12:30pm |  |  |  |  |  |
| Afternoon  12:30 - 3:30pm |  |  |  |  |  |

I would like my child to start in the term of their third and I will pay for sessions Yes / No

I will wait until my child is funded Yes / No

|  |  |
| --- | --- |
| If your child attends another nursery / Early Years setting please give details below | |
| Name of nursery / Early Years setting | Number of hours at this nursery / setting |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent / Carer | Name in capitals | | |
|  |  | | |
|  | |  |  |
|  | | Date: | / / |