

Please see www.cumbria.gov.uk/schooladmissions detailed information about applying for a nursery place, including when children become eligible for free part time nursery education, closing dates for applications and how places at nurseries are allocated.

Personal information – child's details

| | | | | | | | | | |
|---------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------|-------|
| Child's first name | _____ | | | | | | | | |
| Child's surname | _____ | | | | | | | | |
| Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Gender (male/female) | _____ |
| Home address | _____ | | | | | | | Postcode | _____ |
| Current/Previous Nursery/playgroup | _____ | | | | | | | | _____ |

Parent/carer details

| | | | |
|------------------------------|-------|----------------------------|-------|
| Full name of parent/carer | _____ | Title (Mr/Mrs/Ms/Miss etc) | _____ |
| Relationship to child | _____ | | |
| Contact tel number | _____ | | |
| Contact email address | _____ | | |

I give consent for all correspondence to be sent to this email address Yes No

If you are caring for someone else's child for more than 28 days and you are not an immediate relative you may be Private Fostering and it is a legal requirement that you inform the Local Authority. If you think you may be Private Fostering, please tick this box Further information is available by contacting 0333 240 1727 or <http://www.cumbria.gov.uk/childrenservices/childrenandfamilies/privatefostering/whatispfostering.asp>

Additional free entitlement – 30 hours

Are you eligible for additional free hours (see appendix 1 for the criteria) Yes/No

If Yes please provide the following information when it is issued by HMRC – if you do not have it at the time of making this application, please ensure you provide it to the provider of your choice as soon as you receive it:

Eligibility code

Parental National Insurance Number

Your preferred nursery – please check with your preferred nursery how they can offer the free hours

| Setting Name(s) | Please enter total free entitlement hours attended per day | | | | | Total number of hours per week | Number of weeks per year (e.g 38, 45, 51) |
|--|--|------|-----|-------|-----|--------------------------------|---|
| | Mon | Tues | Wed | Thurs | Fri | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Total Free Hours Attended Per Day | | | | | | | |

Additional Information

Does the child have any brothers or sisters (including step or foster siblings) who live at the same address and attend a school or nursery?

Name

Date of birth

School/nursery

1 Is the child, or was the child previously, in the care of a local authority? Yes No

If yes, which Local Authority? _____

2 Are you applying for a nursery on the basis of faith? Yes No

For further information about 1 & 2 above, and for information about what evidence you may need to provide if you have answered 'yes' to 1 or 2, please see the website.

Please note that if you do not provide evidence, it may affect your chances of being offered a place.

If you wish to give any other reasons for your preferred options, please attach a separate sheet.
Have you attached any information? Yes/No

Parental declaration

- I confirm that I have parental responsibility for this child and the information given is correct.
- I understand that if I have given false information, any place offered may be withdrawn.
- I agree to checks being carried out to verify accuracy and eligibility (in relation to 30 hours)
- I understand I cannot change providers during term time without express permission of the providers (s) and the Local Authority. Contractual notice periods specified by the provider will be complied with, unless exceptional circumstances can be demonstrated
- I understand that I need to notify the nursery of any change in my circumstances which occur after I have completed this form (including change of address).

| | |
|--|--|
| Full name of parent/carer signing the form (please print) | |
| Signed | |
| Date | |
| Correspondence address if different from child's address <i>Please note – this address will not be used in the allocation process</i> | |

Please take this form to the nursery to which you are applying, by the relevant closing date, along with proof of your child's date of birth (ie: birth certificate/passport), your home address and evidence of 30 hour entitlement.

| | |
|---|---|
| For nursery use only Date received (please verify with stamp) | Date of birth verified <input type="checkbox"/> |
| | Address Verified <input type="checkbox"/> |
| | Child to access 15 hours <input type="checkbox"/> |
| | Child to access 30 hours <input type="checkbox"/> |