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| For Office use:  In Book ………. |

Little Hayes Nursery School

Symington Road

Fishponds

Bristol, BS16 2LL

🕿) 0117 9030405

**Application form for 15 hours free nursery entitlement**

PERSONAL DETAILS: Information entered is treated in confidence

Child’s forenames: …………………………………………………..…….…… Surname …………………….…..…………………………………….

Male: [ ] Female: [ ]

Date of Birth…………………………………………. Which language is spoken at home ……………….……………………….

Home address………………………………………………………………………………………………………………………………………………….

Postcode…………………………………………………… Contact Tel Number……………………………………………..……………….

Mother’s name………………………………………………

Mother’s email address/mobile number ………………………………………………………………………………..………………..

Father’s name ………………………………………………

Father’s email address/mobile number …………………………………………………………………………………………………..

**ETHNICITY** Our ethnic background describes how we think of ourselves. This may be based on many things e.g. Our skin colour, language, culture, ancestry, heritage.

White Asian or Asian British

[ ] British [ ] Indian [ ] Pakistani

[ ] Irish [ ] Bangladeshi [ ] Any other Asian background

[ ] Any other white background

Mixed Black or British

[ ] White and Black Caribbean [ ] Caribbean [ ] African [ ] Other Black background

[ ] White and Black African [ ] Chinese

Any other ethnic background

[ ] White and Asian

[ ] Any other mixed background [ ] I do not wish to state

**Which sessions would you prefer your child to attend?**

[ ] first part of a week all day Monday, Tuesday, (8.30-2.30), Wednesday 8.30-11.30

[ ] second part of week all day Thursday, Friday (8.30-2.30), Wednesday 12.30-3.30

[ ] Monday to Friday 8.30-2.30 (30 hours subject to eligibility)

Do you have a 30 hour code ? [Yes] [No]

30 Hour Code …………………………………………………..

**THE FAMILY**

Number of children in family 1 2 3 4 5 6

Child’s position 1st 2nd 3rd 4th 5th 6th

Please enter details of other children

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name | Date of birth | School | relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you made an application for another setting as well as this one? [ ] yes [ ] no**

**If yes, which one …………………………………………………………………………….**

**Does your child attend or have they attended any nursery, pre-school, stay and play etc**

**……………………………………………………………………………………………………………………………………………………………….**

**Name of Health Visitor/GP practice…………………………………………………………………………………………**

**Are you eligible for free schools meals [ ] yes [ ] no**

**Have you completed a Children’s Centre registration form? [ ] yes [ ] no**

**Are you interested in paying for additional day care [ ] yes [ ] no**

**If yes, would this be for hourly sessions on top of our offers [ ] yes [ ] no**

**HOME CIRCUMSTANCES**

**Do you live in a [ ] flat [ ] house [ ] maisonette [ ] temporary accommodation**