

# WARBERRY NURSERY APPLICATION FORM 3/4-YEAR-OLD

## Documents to be accompanied with the completed application form.

Enclosed/sight of an original utility bill received within the last two months as proof of address

Enclosed/sight of proof of Date of Birth

Enclosed supporting evidence, if applicable (e.g. a letter from the family doctor/hospital consultant in support of any medical or social priority request)

## CHILD'S PERSONAL DETAILS

Preferred start term and year	

Surname	
Forename(s)	
Date of Birth	
Gender	Male / Female

## CONTACT DETAILS

Title	Mr / Mrs / Miss / Ms / Other
Forename	
Surname	
Relationship to child	
Do you have parental responsibility?	Yes / No
Address	
Postcode	
Are you registered for Council Ta	ax at this address? Yes / No
Telephone numbers	
Home	
Mobile	
Email	

### ADDITIONAL INFORMATION

Yes / No
Name of sibling(s):
517
Yes / No
provide evidence from a relevant
Yes / No
Yes / No
If yes, please give contact details for the Local
Authority:
Yes / No
Yes / No
Yes / No
My child attends:

## SESSION PREFERENCES

Please tick session preferences *Depending on availability						
	Extended Provision	Session	Morning Session	Lunch	Afternoon Session	Extended Provision
	8am–8.30am ½ hour	8.30am–9am ½ hour	9am-11.30am 2 ½ hours	11.30am-12pm ½ hour	12.00am-3pm 3 hours	3pm–6pm 1, 2, 3 hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
I am applying forhours as part of my free 15 / 30* hour entitlement. Further details will be required once a place has been offered and accepted. * <sup>please delete as appropriate</sup>						
I would like to apply for additional hours and agree to pay the charges for these. From 1 <sup>st</sup> September 2023 £4.30 per hour. From 1 <sup>st</sup> April 2024 £4.50 per hour.						

#### YOUR DECLARATION AND SIGNATURE

- 1. I understand that I am required to evidence proof of birthdate and evidence of address.
- 2. Application and attendance at the nursery does not guarantee a place in the reception class. An application must be made separately
- 3. I confirm that the details I have provided are accurate.
- 4. I agree to tell the academy if there are any changes to the details that I have provided in this form.
- 5. I understand that if there are no places available for my child his/her name will be entered onto a waiting list.
- 6. I will return this form to Warberry C of E Academy, Cedars Road, Torquay, TQ1 1SB or

warberry@lapsw.org

I understand and agree to the conditions set out in this document and I agree to the provider claiming free entitlement funding as agreed on behalf of my child. I also agree that the information provided can be shared with the local authority and Department for Education. I understand that if I have given false information on this form I may be asked to reimburse the provider.

Parent/Carer/Guardian with legal responsibility		
If entitled to 30 hours funding please complete the following information:	11 digit ref number (DERN)	Parent NI number(s)
If entitled to Tax-Free Childcare please complete the following:	Unique Reference number	
Signed		
Print name		
Date		

I, being a parent/guardian/person with parental responsibility for the child named understand that the school collects and uses certain types of personal information about pupils. The school is required by law to comply with statutory obligations related to education and associated functions and may be shared with other agencies for the prevention and detection of fraud and the protection of children. Personal information is dealt with properly and securely and in line with the General Dara Protection Regulation (GDPR) and other related legislation. For further information, please see the Fair Processing Notice (Privacy Notice) which can be found on our website.

For school use:	
Birth Certificate Number	
Proof of Address	