



Carlyle Infant School and Nursery



NURSERY APPLICATION FORM

CHILD'S NAME:

DATE OF BIRTH:

PARENT/GUARDIAN NAMES:

ADDRESS:

HOME TELEPHONE NUMBER:
MOBILE PHONE NUMBER:

Please state below if you have an older child who is attending or has previously attended Carlyle Infant and Nursery School:

CHILD'S NAME: **DATE ATTENDED:**

Please tick which part-time nursery session you prefer:

Morning Session (8.45 to 11.15/11.45 am)

Afternoon Session (12.10/12.40 to 3.10)

Please note that once a nursery place has been accepted, it is important that your child attends regularly for all sessions.

Do you think your child may be eligible for FREE CHILDCARE FOR 2 YEAR OLDS: YES / NO
(Please see www.derby.gov.uk or ask a member of the school office staff if you are unsure).

Do you think your child may be eligible for EARLY YEARS PUPIL PREMIUM FUNDING: YES / NO
Applicable if you receive any of the following: Income Support, Income based job seekers allowance, child tax credit or working tax credit – if you are unsure please refer to our website for further information).

AS PROOF OF DATE OF BIRTH AND RESIDENCE THE GOVERNING BODY REQUIRES ALL APPLICANTS TO PRODUCE THEIR CHILD'S BIRTH CERTIFICATE AND EITHER A COUNCIL TAX OR UTILITY BILL. PLEASE BRING THESE DOCUMENTS WHEN YOU RETURN THIS FORM.

PARENT/GUARDIAN SIGNATURE: **DATE:**

To be completed by a member of school staff.

Date of birth checked from Birth Certificate: Yes/No

Addressed checked from Council Tax/Utility bill: Yes/No

Signed:

Date: