



Evidence of funding
 Staff initials:

Birth Cert Seen
 PR M F

Eligible Date:

Contract and Application Form for EYSFF (15 Hours)

Child's Name: Sex: Date of Birth:

Child's Ethnicity: Child's Religion:

Child's Address: Contact details
 Mothers Telephone:
 Fathers Telephone:
 Email:

Mothers Name: Fathers Name:

Mothers Address: Fathers Address:

Mothers DOB: Fathers DOB:
 NI Number: NI Number:

Preferred Sessions (dependent on availability) Please tick

Monday	<input type="checkbox"/>	Wednesday PM	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Wednesday AM	<input type="checkbox"/>	Friday	<input type="checkbox"/>

Any other information regarding your child e.g. special educational needs, dietary requirements, health conditions, allergies, procedures prohibited for medical/religious reason or any other information:

Any professionals or agencies involved with the child or family e.g. Children's Services, Early Help, Speech and Language:

- I wish to apply for a funded space. I understand that the space is Government Funded and is for 15 hours a week. Failure to attend regularly could lead to my child's space being terminated.
- I confirm that that information given above is correct and I promise to contact the Manager as soon as any of the details change.
- In the event that I withdraw my child before the local government funding deadline, I will pay for any childcare received.
- In the event that my child requires medical treatment before I will be able to get to the hospital, I hereby authorise the Manager or delegated member of staff to consent to emergency medical treatment on my behalf.
- I understand that £1 nursery fund fee is required weekly.
- I have read and understood the information, regulations and policy of the nursery. I agree to fulfil them and any other conditions which may be stipulated at a later date by the nursery.

Signed (legal guardian):

Date: