



Evidence of funding   
 Staff initials:

Birth Cert Seen   
 PR  M  F

Eligible Date:

**Contract and Application Form for EYSFF (30 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) <u>Please tick</u>	Monday	Tuesday	Wednesday	Thursday	Friday
8.00-9.00am £6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.00-3.00pm EYSFF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.00-4.00pm £6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.00-5.00pm £6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.00-6.00pm £6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:

*All sessions accessed are chargeable; if your child is in receipt of 30 hours free childcare it is your responsibility to update your 30-hour code. If you fail to renew your code you will be charged for any childcare received. If your child leaves before the local government funding deadline you will also be charged for accessed childcare.*

- 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:*