



PARKLANDS PRIMARY SCHOOL NURSERY APPLICATION FORM



New Child Registration and Parental Declaration Form for Parklands Nursery

- Please complete in **BLOCK CAPITALS** using **ONE FORM PER CHILD**.
- For the purpose of this form the parent will mean the biological or legal parent or guardian with parental responsibility for the named child.
- Please note that registration does NOT guarantee a Nursery place due to limited intake. Nursery places are allocated in order of catchment, registration date, out of catchment with siblings in school, then other children.

Provider Details

Nursery Place required for:	20__
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Child Details

Child's Legal Forename(s):	
Child is known as:	
Date of Birth	
Child's Legal Family Name:	
Home/First Language:	
Nationality:	
Country of Birth:	
Gender:	Male/Female
Address:	
Post Code:	
Number of siblings at Parklands Infants/Junior School:	
Child's/Children's name(s) of siblings:	
Documentary proof of DOB Type (e.g. Birth Certificate, passport)	
Address proof (dated within last 3 months)	Council Tax bill / Gas Bill / Electricity Bill / Water Bill / Bank Statement
Documents recorded by (name of member of staff)	Date documents recorded:

Medical/Special Educational Needs and / or Disability

Please outline below any additional needs linked to the child

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Parent/Carer Details

First Name:	
Surname:	
Contact Number:	
Email Address:	
Home Address if different to the child:	
Post Code:	

Additional Parent Information

- This information is required for parents/carers who are entitled for 30 hours extended childcare (working parents only).
- This information will also be required to see if your child is eligible for Early Years Pupil Premium. This is additional funding for early years settings to improve the education they provide for disadvantaged 3 and 4 year olds.

Parent 1 Forename:		Parent 2 Forename:	
Parent 1 Surname:		Parent 2 Surname:	
Parent 1 DOB:		Parent 2 DOB:	
Parent 1 National Insurance Number:		Parent 2 National Insurance Number:	
30 hours eligibility code (11 numbers): (3 year olds only)			
Reference number: (2 year olds only)			

Parent/Carer Declaration

- I confirm that the information I have provided above is accurate.
- I agree that the information provided can be shared with the Local Authority and Department for Education, who will access information from government departments to confirm my child's eligibility and enable this provider to claim the 30 hours extended childcare offer, Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child as applicable.
- I agree that the Local Authority will use this information I provide to process my request for funded early education and childcare and will contact other sources as allowed by law to verify my entitlement.
- I understand that data provided may be used to ensure accuracy of eligibility records for early education and childcare offers across the Local Authority to check against fraud.
- I agree to the Local Authority using this information to enable my child's early education and childcare provider to claim the early years funding for my child.

Parent/Carer/Guardian with legal responsibility consent

Signed:	
Print name:	
Relationship to child:	
Date:	

School provider confirmation

Signed:	
Print name:	
Date:	