

Daycare Application Form

1.	Name of Child:	_____
2.	Address: (Including Postcode)	_____ _____
3.	Ward Name:	_____
4.	Phone/Mobile No:	_____
5.	Parent/Carer Name:	_____
6.	Email Address	_____
7.	Date of Birth: (Child)	Age: _____ M/F: _____

8. Which service and childcare unit are you applying for:

All Year Provision							Term Time Only Provision						
		M	T	W	Th	F			M	T	W	Th	F
Baby Unit	Full Daycare 8am-5.50pm						2 – 3yr	Full Daycare 8am-5.50pm					
	Part Time 8am-1.30pm							Part Time 8am-1.30pm					
	Part Time 1.30pm-5.50pm							Part Time 1.30pm-5.50pm					
1-2 yr	Full Daycare 8am-5.50pm						3-5yr	Full Daycare 8am-5.50pm					
	Part Time 8am-1.30pm							Part Time 8am-1.30pm					
	Part Time 1.30pm-5.50pm							Part Time 1.30pm-5.50pm					
2-3yr	Full Daycare 8am-5.50pm												
	Part Time 8am-1.30pm												
	Part Time 1.30pm-5.50pm												
3-5yr	Full Daycare 8am-5.50pm												
	Part Time 8am-1.30pm												
	Part Time 1.30pm-5.50pm												

9. In line with the Children Act, priority for admission is given to children in Need. Please tell us if there is any reason why a place should be given to your child as a priority?

10. In order to ensure we provide equal opportunities we need to monitor the ethnic origin of children applying to attend the group. Please tick the box which best describes your child.

White British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Black British Caribbean	<input type="checkbox"/>	Mixed White Black Caribbean	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Black British Other Black Background	<input type="checkbox"/>	Any Other Mixed Background	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Mixed White Asian	<input type="checkbox"/>	Other Ethnic Group – Chinese	<input type="checkbox"/>
Asian Bangladeshi	<input type="checkbox"/>	Black British African	<input type="checkbox"/>	Mixed White Black African	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Unspecified	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

11. What language is spoken at home? _____

12. Are you living within the Lloyd Park or Higham Hill Children Centre Areas? Yes/No

13. Have you applied for or intending to apply for Working Families Tax Credits?.....Yes/No

14. If you answer yes to the above question do you receive the higher rate?.....Yes/No

15. Are you a lone parent?.....Yes/No

16. How did you find out about the Centre? _____

17. I am applying for a place at The Lloyd Park Centre for my child. I enclose a registration fee of £15.00, which is non-refundable and does not guarantee a place.

18.	There are a number of services which are available to parents and carers residing within the Lloyd Park and Higham Hill Children's Centre areas. Please could you tick the below boxes to indicate the services you would be interested in?	
	Ante Natal Pit Stop/Drop In & Post Natal Discharge	€
	Life with Baby (Support for 1 st time parents)	€
	Big Bumps, Little Bumps (Labour, pain relief & relaxation techniques)	€
	Breast Feeding Café, Baby Clinic and Baby Weaning	€
	Aqua Natal Classes	€
	Baby Massage Classes	€
	Exercise with your child	€
	Caring Parent Courses	€
	ESOL & Numeracy Courses	€
	Childminding Network Co-ordination	€
	Job Centre Plus	€
	Yoga Classes	€
	Smoking Cessation Clinic	€
	Parent and Toddler Drop In	€
	Toddler Opportunities and Parent Support Programme (TOPS)	€

Your Signature: _____ Date: _____