

**APPLICATION FOR ADMISSION TO THE 2 YEAR OLD CATERPILLAR NURSERY**

NAME of child in full ..... M/F .....

Date of Birth ..... (Please produce birth certificate)

HOME address .....

.....

POST CODE ..... HOME TEL NO .....

FULL names of parents (Mr/Mrs/Ms/Miss) .....

(Mr/Mrs/Ms/Miss) .....

Mobile tel. No. (Parent 1) ..... (Parent 2 ) .....

Work tel. No. (Parent 1).....(Parent 2 ).....

NI number (Parent 1)..... (Parent 2).....

E-mail address (Parent 1) .....

E-mail address (Parent 2).....

Names and DOB of other child(ren) attending Farnborough Road Schools (together with class currently in)

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Has your child any disabilities? .....

If so, what is the nature of the disability? .....

Are any outside agencies involved? ..

Does your child speak English as a second language? .....

**I am interested in applying for a funded place YES / NO (Please see eligibility criteria)**

DESCRIPTION	PLEASE INDICATE AS APPROPRIATE
Local Authority 'Looked After' Child	
Child of Care Leaver (Under the age of 25 years)	
Child attracts Disability Living Allowance	
Child has a current statement of Special Educational Needs or an Education, Health and Care Plan.	

**I am in receipt of one of the following benefits:**

* Income Support	
* Income-based Job Seekers' Allowance	
* Income-related Employment and Support Allowance	
* Support under Part VI of the Immigration and Asylum Act 1999	
* Guaranteed element of State Pension Credit	
* Working Tax Credits and an annual gross earning of <b>no more than</b> £16,190 per year.	
* Working Tax Credit 4-week Run On (payment you receive when you stop qualifying for Working Tax Credit)	

**\* THIS BENEFIT INFORMATION WILL BE VERIFIED.**

**I am interested in applying for a paid place YES /NO**

**Please select the sessions you would like below (children receiving a funded place will attend all 5 session) \*Please note that wrap around is not available. Mornings OR afternoons only.**

**Morning Nursery 9am – 12pm**

Monday	Tuesday	Wednesday	Thursday	Friday

**Afternoon Nursery 12.30pm-3.30pm**

Monday	Tuesday	Wednesday	Thursday	Friday

**Are you flexible with these days? Yes/No**

**BY MAKING THIS APPLICATION I FULLY UNDERSTAND THAT IN ACCORDANCE WITH CURRENT GOVERNMENT LEGISLATION, ATTENDANCE AT THE NURSERY DOES NOT GUARANTEE MY CHILD'S ADMISSION TO THE SCHOOL.**

**I UNDERSTAND THAT I HAVE TO APPLY SEPARATELY ON THE OFFICIAL SEFTON COUNCIL ADMISSION TO PRIMARY SCHOOL FORM, AVAILABLE IN THE AUTUMN BEFORE MY CHILD IS DUE TO START SCHOOL.**

Signature of Parent/Legal Carer .....

Date ..... Admission No. ....