

**EARLY LEARNING AND CHILDCARE APPLICATION FORM 1A
EARLY CHILDHOOD CENTRES AND FUNDED PROVIDERS**

Please read the Early Learning and Childcare Admissions leaflet before you complete this application. Please fill in all sections of this form giving as much information as possible

Please return a hard copy of this form to the **centre** of your **first choice** as soon as possible. If you have any questions or concerns regarding this application, please call the centre and the form can be completed with the assistance of the Head of centre/funded provider centre.

Child's name	Date of birth.....
Home Address.....	
Post Code.....	Telephone Number.....
Name of Parent/Carer.....	
Address (if different from above).....	
Telephone Number (if different from above)..... Mobile.....	
Childs Health Visitor.....	
GP Practice Address.....	
Tel No.....	

BAND
1
2
3
4
5
6
FLEXIBLE BAND
A
B
C
D
E

Name of Centre 1 st Choice	Name of Centre 2 nd Choice

It may not always be possible to offer you an early learning and childcare place in the centre which is your 1st choice. Therefore please indicate a 2nd choice.

Please note : All application forms must indicate a 2nd choice. Application forms which do not submit a 2nd choice may not be considered.

Sessions requested: it is not always possible to satisfy your choice of session or pattern of hours but it is helpful to know which times you would prefer and the reasons for this preference e.g. employment, further education, training, childcare arrangements etc.

(Please tick)

Morning session Afternoon session Either

If any other pattern of hours are required, please complete application form 1B

Please detail reason for preference: _____

Work pattern e.g. days, hours of work/study/training:

Other childcare arrangements:

How many sessions would you like?
Please circle

1 2 3 4 5

Would you like less than 3hrs 10 minutes:

Yes No

Any other relevant information. If you have any involvement with the agencies listed below please tick the box.

Social Worker	<input type="checkbox"/>	Rainbow House	<input type="checkbox"/>
Psychological Services	<input type="checkbox"/>	Speech Therapist	<input type="checkbox"/>
Community Childminding Service	<input type="checkbox"/>	Any other agency	

Please fill in any other information we should know about your child or circumstances

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.....
.....

Please give us the name and address of any professional you wish us to contact regarding this application

Name Professional Role.....

Address.....
.....

Telephone no.....

All places will be allocated according to the Council's Early Learning and Childcare Admission's Policy.

The information that you provide on this form will be processed securely by the Council in accordance with the Data Protection Act. We will process the information for the purposes of providing your child with a place at an Early Childhood Centre.

I declare this is a true statement of my circumstances and agree to contact being made with my Health Visitor or other Professional in relation to this application.

Signature of Parent/Carer.....

Date.....

FOR OFFICE USE ONLY

Child's Name _____

Application received (date)		Referral requested (date)	
Birth Certificate Seen (date)		Referral received (date)	

Acknowledgement of receipt of Application



Childs Name:

Date of Birth:

Application received and logged by:

(name in block capitals)

Signature

Application received date

Centre Stamp