

<b>Childcare provider name:</b>	<b>Walton Lane Nursery School The Rocking Horse Club – Pendle Ltd.</b>
<b>Provider address:</b>	Walton Lane Nursery School & Rocking Horse Club Walton Lane, Nelson BB9 8BP Tel; 01282 613437



**APPLICATION FOR A CHILDCARE / NURSERY PLACE**  
AT  
**WALTON LANE NURSERY SCHOOL  
& ROCKING HORSE CLUB**

**1. Child's Details**

<b>Child's Legal Family Name (Surname):</b>		<b>Child's Legal Forename(s):</b>	
<b>Name by which the child is known (if different from above):</b>		<b>Child's NHS Number:</b>	
<b>Date of Birth:</b>		<b>Male/Female:</b>	
<b>Documentary proof of DoB:</b>	<b>Type</b> (Full Birth Certificate)	<b>Seen by</b>	<b>Copy taken</b> Yes / No
<b>Address:</b>			<b>Post Code:</b>
<b>Email address:</b>			
<b>Contact telephone no:</b>			
<b>Is / does the child?</b>			
- In public care (looked after)		<b>Yes</b>	<input type="checkbox"/>
- Known to Children's Integrated Services (Social Worker)		<b>Yes</b>	<input type="checkbox"/>
- Statemeted for Special Educational Needs		<b>Yes</b>	<input type="checkbox"/>
- Known to the Educational Psychology Service (Educational Psychologist)		<b>Yes</b>	<input type="checkbox"/>
- Have a disability or illness		<b>Yes</b>	<input type="checkbox"/>
		<b>No</b>	<input type="checkbox"/>
		<b>No</b>	<input type="checkbox"/>
		<b>No</b>	<input type="checkbox"/>
		<b>No</b>	<input type="checkbox"/>
		<b>No</b>	<input type="checkbox"/>

**2. Parent/Carer/Guardian with legal responsibility details**

	<b>Parent/Guardian 1</b>	<b>Parent/ Guardian 2 (optional)</b>
<b>Legal family name (Surname)</b>		
<b>Legal forename(s)</b>		
<b>National Insurance Number or (NASS Number)</b>		
<b>Date of birth</b>		

### 3. Requested hours of attendance for my child

Placement Start Date .....

#### Terms and agreed day care

<b>Term</b>	Autumn <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
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<b>Period</b>	Term Time <input type="checkbox"/>	Full Year <input type="checkbox"/>
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DAY	SESSION (hours required)	MEALS (If required)	
		Lunch	Tea
Monday		<input type="checkbox"/>	<input type="checkbox"/>
Tuesday		<input type="checkbox"/>	<input type="checkbox"/>
Wednesday		<input type="checkbox"/>	<input type="checkbox"/>
Thursday		<input type="checkbox"/>	<input type="checkbox"/>
Friday		<input type="checkbox"/>	<input type="checkbox"/>

### 4. Notice Period and Transfer of Hours

As the parent/carer/guardian of the above named child .

I understand that if I want to change the agreed sessions I need to put it in writing giving at least **one month's notice**. I understand that I shall be entitled to move my child from the above named childcare provider to a new provider, by giving WLNSRHC at least **6 weeks written notice** of my intention.

### 5. Absence Monitoring

I understand that for my child to receive the greatest benefit from the education and childcare it is important my child's attendance is in line with the agreed hours detailed above. Whilst it is appreciated that absences may occur due to unforeseen circumstances, I understand that the childcare provider will report my child's absence, in accordance with the childcare provider's safeguarding policy.

**Declaration I** (Name) .....

Of (Address) .....

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document.

- I understand and agree to pay any childcare fees in full, one month in advance before the last working day of each month.

**PLEASE NOTE:** If you are applying for a free childcare place (FEYE) with no additional care, a deposit is not required.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
<b>Signed</b>		<b>Signed</b>	
<b>Print name</b>		<b>Print name</b>	
<b>Date</b>		<b>Date</b>	