

APPLICATION FORM

Full Name:	Date of Birth:
Gender: Male Female	
Address:	Home Telephone:
	Mobile:
	Email Address:
Ethnicity White British Irish Traveller of Irish Heritage Gypsy / Roma Any other white background	Asian Or Asian British Indian Pakistan Bangladesh Any other Asian background
Mixed White and Black Caribbean White and Black African White and Asian Any other mixed background Chinese Any other ethnic background	Back or Black Asian Caribbean African Any other Black background Decline to record ethnicity
<p>It is of the utmost importance that you inform us if your child has any medical condition, health concern, has been investigated by a doctor/hospital for any reason, or is currently taking any medication. Examples you should tell us about are any kind of fit/epilepsy, asthma, eczema, premature birth, food, or any other allergies (including pets). This is confidential and will only be disclosed in a medical emergency.</p>	

If your child is unwell during the session and needs to be collected early – please indicate the best person for us to contact. It is understood that in the event of an emergency where contact with any of the nominated persons below cannot be made, the provider will obtain advice / attention from a doctor or hospital.

Name	Relationship to child	Contact number

Name, Address and Contact number of Family Doctor

It would be beneficial for us to know if your child is or has been receiving support from any of the following.

Speech & Language Health visitor Medical Professional Family Centre

Other (Please State).....

Has your child suffered from any previous broken bones, or has any scars from previous injuries?

Does your child attend or has attended any other provision e.g. childminder / playgroup or any other nursery? If so, please state below

What is your child's first language?

Who has parental / carer responsibility and or legal contact with your child?

If one parent has had responsibility revoked, please provide a copy of the Court Order

Copy Seen

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Occasionally we take children off the premises for short walks, please tick if you give you child permission for your child to participate in this

Yes

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No

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Photographs are taken of your child for displays at nursery or in their learning journals.

IF YOU DO NOT WISH PHOTOGRAPHS TO BE TAKEN OF YOUR CHILD IN THIS WAY,

PLEASE TICK THE BOX

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Privacy Notice:

The information you provide will be used for administration, educational purposes and administering funding. It will be shared with other organisations, HMRC, DfE, Staffordshire County Council, Health & Childcare professionals, and any other childcare provision your child attends. Your data will be held and processed in line with the General Data Protection Regulations May 2018 (GDPR)

I have read the Privacy notice above and understand that any information shared will be stored in accordance with the GDPR regulations. I understand that I have the right to be informed about how and why any data supplied by me is processed.

Signed.....

Print Name.....

Date.....

Funded Hours

Please specify your required days and times below:

FUNDED 9:00 – 3:00 ONLY	30/15 hours Term Time Only 38 Weeks	Stretched Funding 22/11 hours 51 Weeks
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

A top up resource fee of £5.00 per week for 15 hours funding and £10.00 per week for 30 hours funding will be invoiced monthly.

Fee Paying Additional Hours

FEE PAYING	Attendance Hours Required	For Admin Only: Hours	Daily Charge
Monday			£
Tuesday			£
Wednesday			£
Thursday			£
Friday			£
		TOTAL	£



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www.oakbridgelittlelearners.co.uk



Please tick your meal preferences below:

Funded children are eligible to bring their own packed lunch if preferred.

<i>Funded children only</i>	Lunch £2.80 12:00 – 13:00	Provide Own Meals <i>Please see policy</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		