

# Application Form

Please complete all sections of this form. Please write in block capital letters

## CHILD'S DETAILS

Legal Forename	Legal Surname
Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address	Postcode
Ethnicity	First Language

## PARENT'S DETAILS

Title	Relationship to child
Parent Forename	Parent Surname
Date of Birth	National Insurance No
Email	
Mobile Number	Home Phone

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Title	Relationship to child
Parent Forename	Parent Surname
Date of Birth	National Insurance No
Email	
Mobile Number	Home Phone

## ATTENDANCE – PROVISIONAL

Start date					
Tick days of care	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Start time					
End time					
Cost of session	£	£	£	£	£
Weekly Cost	£		Deposit	£	

## TYPE OF CHILDCARE PLACE REQUIRED

Private funded <input type="checkbox"/>	2 Year old (15 hours) <input type="checkbox"/>	3 Year old (15 hours) <input type="checkbox"/>	3 Year old (30 hours) <input type="checkbox"/>	College funded <input type="checkbox"/>	Other <input type="checkbox"/>
Benefit Claimed			30 hour Code		

## DECLARATION

I confirm that the information I have provided above is accurate and true. I authorise Little Leaders Pre-School to use the information provided to be shared with the local authority and the department of Education, who will access information from other government departments to confirm my child's eligibility to claim funding on behalf of my child.

Full Name	Signed	Date
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