

**Lydalls Nursery School and Chameleon Club Application Form**

*Thank you for your interest in Lydalls Nursery School and Chameleon Club! To add your child’s name to our waiting list, please complete this form and return to the office. We also require proof of address and a copy of your child’s birth certificate.*

*Whilst Covid-19 restrictions remain in place, visits to our setting are still encouraged but must be made in advance via appointment only.*

Please tick which options you are applying for:

* Chameleon Club: 2-year olds (please complete sections **1, 2** and **4**)
* Nursery School (please complete sections **1, 3** and **4**)
* Both (please complete **all** sections)

**Section 1: Personal Details**

Child’s Name: …………………………………………………………………………………

Date of Birth: ……/……/………… Gender: ……………………

Parent Name(s): …………………………………………………………… ……………………………………………………………

Address: ……………………………………………………………

 …………………………………………………………… Postcode: ………………………

Contact Tel No: 1) ……………………………………… 2) ………………………………………

*(please provide 2 if possible)*

Email address: ………………………………………………………………

**Does your child have any special educational, medical or physical needs? (If so, please give brief details)**

*Lydalls Nursery School is a fully inclusive setting and we ask for this information to ensure any additional resources, specialist staff training and/or sufficient staffing levels that may be required are in place to accommodate your child’s needs ahead of their first day;* ***all*** *applications are processed fairly and in-line with the Nursery School Admissions policy.*

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**Section 2: Chameleon Club – 2-year Olds *(this section continues overleaf)***

*Chameleon Club sessions are offered as mornings* ***or*** *afternoons; full days are not available in our 2-year old base.*

*We ask that you sign up for a minimum of 2 sessions, up to a maximum of 5 per week. Applications are dealt with on a “first come, first served” basis and we have 3 intakes per academic year; one at the beginning of each term.*

*Please ask a member of staff if you would like to see a current price listing.*

**How many sessions per week would you like your child to attend (subject to availability)? ………**

Please tick which days would you prefer your child to attend

Monday 🗆 Tuesday 🗆 Wednesday 🗆 Thursday 🗆 Friday 🗆

**Do you have a preference for morning (8.45am – 11.45am) or afternoon (12.45pm – 3.45pm) sessions?**

If so, please state your preferences overleaf and give a brief reason for your choice.

**Section 2 continued:**

🗆 Morning 🗆 Afternoon Reason for preference: ………………………………………………………………………

(*Please note, we cannot guarantee your choices, but will do our best to accommodate your preferences)*

**From what date are you hoping your child to start?** ………………………………..

**As far as you are aware, are you eligible for early years 2-year old funding?** Yes 🗆 No 🗆

If yes, please state your Date of Birth and National Insurance Number

Date of Birth: ……/……/………… National Insurance Number: …… …… …… …… …… …… …… …… ……

**Section 3: Nursery School**

*All children between the ages of 3 and 5 are entitled to 15 hours of universal funding, which takes effect from the term that follows their 3rd birthday. At Lydalls Nursery School, these 15 hours are offered as 5 mornings per week* ***or*** *5 afternoons per week. We do also have a* ***limited*** *number of 30-hour funded spaces available to children eligible for the “extended” 15 hours per week.*

**From what date are you hoping your child to start?** ………………………………..

(As stated above, children may join the Nursery from the term that follows their 3rd birthday, but please indicate if you would prefer a later start date)

**Do you have a preference for a morning (8.45am – 11.45am) or afternoon (12.45pm – 3.45pm) place?**

If so, please state which and give a brief reason for your choice.

🗆 Morning 🗆 Afternoon Reason for preference: ………………………………………………………………………

 (*Please note, we cannot guarantee your choices, but will do our best to accommodate your preferences)*

🗆 **Please tick this box if you believe your child is eligible for the 30-hour funding and you would like a**

 **full time place (i.e. mornings and afternoons).**

If you already have a 30-hour funding code, please complete the details below:

National Insurance Number: …… …… …… …… …… …… …… …… ……

30-hour Funding Code: …… …… …… …… …… …… …… …… …… …… ……

**If we are unable to offer your child a place from the date requested, would you like your child’s name to remain on the “continued interest” list?**

*(This means that we will endeavour to offer your child a place as close to your requested start date as possible- usually within the following 2 terms)*

 🗆 Yes 🗆 No

**Please use this area if you would like to provide any additional information about your child and/or family that you feel is pertinent at this stage of the application process.**

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**Section 4: Parental Declaration - “***I confirm that I have completed this form to the best of my knowledge”*

Parent Signature: …………………………………… Date Application placed: ……/……/…………

***Thank you for completing this application form – we review all applications on a termly basis and will contact you during the term that immediately precedes the term in which you have stated you would like your child to start.***

***Before submitting your registration form, we would be grateful if you could spare a moment to answer the questions overleaf***

***For office use only:***

Birth Certificate Seen? 🗆 Address Verified? 🗆 Date offer sent: Date: ……/……/…………

Staff Signature: …………………………………… Date: ……/……/………… Reply deadline: ……/……/…………

***The following questions are not relevant to your child’s registration form and will not bear any influence as to whether or not we offer your child a place, but we would be grateful if you could respond to them in order to help us gain a clearer insight into the needs and requirements of our community.***

**How did you hear about Lydalls Nursery School?**

🗆 Older child/family member attended

🗆 Recommendation

🗆 Oxfordshire County Council/Social Worker/Health Visitor or similar

🗆lnternet search

🗆 Other; please specify ………………………………………………………………………………………….

**What are your main reasons for choosing Lydalls Nursery School?**

🗆 Ofsted rating

🗆 Location

🗆 Older child/family member attended

🗆 Session times

🗆 Back-up choice in case my preferred setting is unable to offer a place

🗆 Other; please specify ………………………………………………………………………………………….