

## Little Angels Day Nursery & Pre School Application Form

**Main Emergency Contact Number:**

### Child's Details

<b>Please tick as appropriate</b>		<b>Forename</b>	<b>Surname</b>	<b>Date of Birth</b>
<b>Male</b>	<b>Female</b>			

TO CLAIM NURSERY EDUCATION FUNDING THE FIRST TERM AFTER YOUR CHILD'S 3<sup>RD</sup> BIRTHDAY WE ARE REQUIRED TO SEE THEIR ORIGINAL BIRTH CERTIFICATE AND PHOTOCOPY IT

<b>Address</b>	<b>Allergies</b>	<b>Doctor</b>	<b>Vaccinations</b>
<div style="border: 1px solid black; padding: 2px;">Post Code</div>	<p>Allergy</p> <div style="border: 1px solid black; height: 150px;"></div> <p>Allergy Details</p>	<p>Doctor</p> <p>Health Visitor</p> <p>Address</p> <p>Tel No.</p>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Diphtheria  <input type="checkbox"/> Whooping Cough  <input type="checkbox"/> Polio  <input type="checkbox"/> Measles  <input type="checkbox"/> Tetanus  <input type="checkbox"/> Mumps  <input type="checkbox"/> Rubella  <input type="checkbox"/> Hib. Meningitis  <input type="checkbox"/> Meningitis C                 </div> <p style="color: red; font-weight: bold;">DATE OF LAST TETNUS JAB:</p>

### Dietary Requirements

None  
 No milk  
 No eggs  
 Vegetarian  
  
 Other (please specify)

### Medication Details

None  
 Please give details of any medication your child takes.

### Special Needs

None  
 Please give details if your child has special needs, including medical needs.

**Please use a separate sheet if required**

**Little Angels Day Nursery & Pre School  
Application Form**

**Information re Parent/s or Carer/s with full parental Responsibility**

Parent or Carer's Full Name	Address	Relationship to child	Home ☎ Number	Work ☎ Number	Mobile ☎ Number	Email Address

**STARTING DATE REQUIRED...../...../.....**

**Does your Child receive DLA: Yes/No**

**30 hour funding/funding No:**

**2 year old funding/funding No:**

**Over 3 year old funding**

**Term Time only**

**All Year**

**Little Angels Day Nursery & Pre School  
Application Form**

**Funded Sessions required (subject to availability)**

Monday	Tuesday	Wednesday	Thursday	Friday

8:00 – 12:00	9:00 – 12:00	12.00 – 15.00	15:00 – 18:00	12:00 – 18:00

**We only allow one session of free government funding to be taken per day**

**Paid Sessions required (please tick – or write in session times if they vary through the week)**

Monday	Tuesday	Wednesday	Thursday	Friday

8:00-18:00	8:00-13:00	13:00-18:00	9:00 -15:00	9:00 – 12:00	12:00-15:00/ 15:00 – 18:00	12.00 – 18:00

**7.30AM Early start**

**Little Angels Day Nursery & Pre School  
Application Form**

Is there any additional information we should know about your child e.g. important likes, dislikes, cultural needs etc?

What other languages does your child speak at home?

**Emergency contact with authority to pick up child (in the event of the parent or carer being unavailable)**

<b>Name</b>	<b>Address</b>	<b>Relationship to Child</b>	<b>Home ☎Number</b>	<b>Work ☎Number</b>	<b>Mobile ☎Number</b>

**Collection Password**

**Little Angels Day Nursery & Pre School  
Application Form**

We will only use your (including your child's) personal information to provide a childcare service to you and we would like to keep sending you information about our nursery by email/phone/other but we need to be sure we have your permission to do so. We keep your information so you can receive important updates about our nursery. We will keep your information secure and will never share it except if required to do so by law.

By ticking this box, you are consenting to us continuing to hold and processing your data and sending you information. You can of course unsubscribe / ask us not to contact you by email/phone etc at any time.

I have read and understood the information contained in the prospectus and the terms and conditions of Little Angels Day Nurseries and agreed to wholly abide by them.

I understand that this is a legally binding contract. This contract must be signed by all parties who have parental responsibilities for the child.

Name (please print) .....

Relationship to Child .....  
(Mother/Father/Guardian)

Signed .....

Date .....

Name (please print) .....

Relationship to Child .....  
(Mother/Father/Guardian)

Signed .....

Date .....

\*Please Note: **NO** alterations can be made to this application form without the **WRITTEN** authorisation of the above signatories.

Little Angels Nursery & Pre School  
Consent form

**\*Please delete as appropriate**

\*I do / do not give permission for staff to follow the Intimate Care Policy in helping to change or assist my child in dressing and undressing. This also includes permission to assist with toileting my child or changing my child's nappy when needed.

\*I do / do not consent that the nursery can share information with other professionals, e.g. Health Visitor, Nursery Dental Nurse, Speech Therapist.

\* I do / do not give permission for my child to be taken to hospital in an emergency.

\*I do / do not give permission for a first aid trained member of Little Angels staff to administer my child any first aid as necessary.

\*I agree for a First Aider to use a plaster on my child if required

\* I do / do not give permission for my child to be taken off the premises for outings.

\* I do / do not give permission for my child for my child to be included in any photographs taken for nursery use and student use.

\* I do / do not give permission for my child for my child to be included in any photographs taken for the use of publicity such as local newspapers.

\* I do / do not give permission for nursery staff to apply sunscreen to my child as appropriate.

\* I do / do not give permission for nursery staff to visually examine my child should they have any concerns.

\* I do / do not give permission for nursery staff to check my child's hair for head lice.

Child's Name (please print).....

Parents Name (please print).....

Parents Signature..... Date...../...../.....

Relationship to child (please tick)

Mother

Father

Legal Guardian

<b>WHITE</b>	<b>ASIAN OR ASIAN BRITISH</b>
<b>1. BRITISH</b> A) <input type="checkbox"/> English      B) <input type="checkbox"/> Scottish C) <input type="checkbox"/> Welsh      D) <input type="checkbox"/> Other White British	<b>9. <input type="checkbox"/> INDIAN</b> <b>10. <input type="checkbox"/> PAKISTANI</b> <b>11. <input type="checkbox"/> BANGLADESHI</b> <b>12. <input type="checkbox"/> ANY OTHER ASIAN BACKGROUND</b> <i>(Other Asian not represented in the categories above including East African Asian, Kashmiri, Sinhalese, South African Asian, Sri Lankan Tamil)</i>
<b>2. IRISH</b> A) <input type="checkbox"/> Irish B) <input type="checkbox"/> Traveller of Irish Heritage	<b>BLACK OR BLACK BRITISH</b>
<b>3. <input type="checkbox"/> GYPSY / ROMA</b>	<b>13. <input type="checkbox"/> CARIBBEAN</b> <i>(Including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis, St Lucia, St Vincent and Grenadines, Trinidad and Tobago)</i>
<b>4. ANY OTHER WHITE BACKGROUND</b> A) <input type="checkbox"/> Albanian (excluding Kosovan) B) <input type="checkbox"/> Bosnian-Herzegovinian C) <input type="checkbox"/> Croatian D) <input type="checkbox"/> Greek/Greek Cypriot E) <input type="checkbox"/> Kosovan F) <input type="checkbox"/> Serbian. Yugoslavian G) <input type="checkbox"/> Turkish/Turkish Cypriot  H) <input type="checkbox"/> White Eastern European <i>(Including Bulgarian, Czech, Latvian, Lithuanian, Polish, Romanian, Russian, Slovak, Ukrainian)</i>  I) <input type="checkbox"/> White Western European <i>(Including French, German, Italian, Spanish, Portuguese, Scandinavian)</i>  J) <input type="checkbox"/> White Other <i>(Any other white background not represented in the categories above)</i>	<b>14. <input type="checkbox"/> AFRICAN</b> <i>(including Angolan, Black South African, Congalese, Ethiopian, Ghanaian, Nigerian, Rwandan, Sierra Leonian, Somali, Sudanese, Ugandan, Zimbabwean)</i>
<b>MIXED / DUAL BACKGROUND</b>	<b>15. <input type="checkbox"/> ANY OTHER BLACK BACKGROUND</b> <i>(Any other Black background not represented in the categories above including Black European, Black North American, Black Canadian)</i>
<b>5. <input type="checkbox"/> WHITE AND BLACK CARIBBEAN</b> <b>6. <input type="checkbox"/> WHITE AND BLACK AFRICAN</b> <b>7. <input type="checkbox"/> WHITE AND ASIAN</b> <i>(including White and Bangladeshi, White and Pakistani, White and any other background)</i>	<b>CHINESE</b>
<b>8. ANY OTHER MIXED BACKGROUND</b> A) <input type="checkbox"/> White and any other ethnic group  B) <input type="checkbox"/> Other mixed background <i>(Any other mixed background not represented in the categories above including Asian and Black, Asian and Chinese, Asian and any other ethnic group, Black and Chinese, Black and any other ethnic group, Chinese and any other ethnic group)</i>	<b>16. CHINESE</b>  A) <input type="checkbox"/> Hong Kong Chinese B) <input type="checkbox"/> Other Chinese <i>(Any other Chinese background not represented in the categories above including Malaysian Chinese, Singaporean Chinese, Taiwanese)</i>
<b><u><input type="checkbox"/> I DO NOT WISH AN ETHNIC BACKGROUND CATEGORY TO BE RECORDED</u></b>	<b>ANY OTHER ETHNIC GROUP</b>
<b>Signature of Parent / Guardian.....</b> <b>Date .....</b>  <b>Name of Child .....</b>	<b>17. ANY OTHER ETHNIC GROUP</b> A) <input type="checkbox"/> Afghanistani B) <input type="checkbox"/> Filipino C) <input type="checkbox"/> Thai D) <input type="checkbox"/> Vietnamese E) <input type="checkbox"/> Any other ethnic group <i>(Any other ethnic background not represented in the categories above including Egyptian, Iranian, Iraqi, Japanese, Jordanian, Korean, Kuwaiti, Kurdish, Latin/South/Central American, Lebanese, Libyan, Malay, Moroccan, Palestinian, Polynesian, Saudi Arabian, Yemini)</i>

All information will be kept strictly confidential, and held by your setting and Thurrock Council only. No details will be passed to any other agencies or organisations without prior consent.

## Parent Declaration for Early Years Funded Places (Entitlement) Two, Three and Four Year Olds

### Step 1 – Your child’s details

<b>Child’s Surname(s):</b>	
<b>Child Forename(s):</b>	
<b>Name by which the child is known(if different fromabove):</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Address:</b>	
<b>Postcode:</b>	

Your chosen provider will need to see proof of your child’s date of birth.  
**Please tick which document you will provide with this form:**

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport
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If your child is receiving the free entitlement and is also receiving child Disability Living Allowance (DLA), they are eligible for the Disability Access Fund (DAF). You will need to provide a copy of your child’s Disability Living Allowance confirmation letter in order for the setting to claim this funding.

**Is your child eligible for and in receipt of Disability Living Allowance (DLA)?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Disability (please tick one of the boxes below)			
Education, Health and Care plan (EHCP)		SEN Support	
No Special Educational Need			



## Your Child's Ethnic Group (Please tick one)

Early Years Census Code	Early Years Census Category	Tick Column		Early Years Census Code	Early Years Census Category	Tick Column
WBRI	White - British			AOPK	Other Pakistani	
WCOR	White - Cornish			ABAN	Bangladeshi	
WENG	White - English			AOTH	Any other Asian background	
WNIR	White - Northern Irish			AAFR	African Asian	
WSCO	White - Scottish			AKAO	Kashmiri other	
WWEL	White - Welsh			ANEP	Nepali	
WOWB	Other White British			ASNL	Sri Lankan Sinhalese	
WIRI	White - Irish			ASLT	Sri Lankan Tamil	
WIRT	Traveller of Irish heritage			ASRO	Sri Lankan other	
WOTH	Any other white background			AOTA	Other Asian	
WALB	Albanian			BCRB	Black Caribbean	
WBOS	Bosnian-Herzegovinian			BAFR	Black - African	
WCRO	Croatian			BANN	Black - Angolan	
WGRE	Greek/Greek Cypriot			BCON	Black - Congolese	
WGRK	Greek			BGHA	Black - Ghanaian	
WGRC	Greek Cypriot			BNGN	Black - Nigerian	
WITA	Italian			BSLN	Black - Sierra Leonean	
WKOS	Kosovan			BSOM	Black - Somali	
WPOR	Portuguese			BSUD	Black - Sudanese	
WSER	Serbian			BAOF	Other Black African	
WTUR	Turkish/Turkish Cypriot			BOTH	Any other black background	
WTUK	Turkish			BEUR	Black European	
WTUC	Turkish Cypriot			BNAM	Black North American	
WEUR	White European			BOTB	Other Black	
WEEU	White Eastern European			CHNE	Chinese	
WWEU	White Western European			CHKC	Hong Kong Chinese	
WOTW	White other			CMAL	Malaysian Chinese	
WROM	Gypsy/Roma			CSNG	Singaporean Chinese	
WROG	Gypsy			CTWN	Taiwanese	
WROR	Roma			COCH	Other Chinese	
WROO	Other Gypsy/Roma			OOTH	Any other ethnic group	
MWBC	White and Black Caribbean			OAFG	Afghan	
MWBA	White and Black African			OARA	Arab other	
MWAS	White and Asian			OEGY	Egyptian	
MWAP	White and Pakistani			OFIL	Filipino	
MWAI	White and Indian			OIRN	Iranian	
MWAO	White and any other Asian			OIRQ	Iraqi	
MOTH	Any other mixed background			OJPN	Japanese	
MAOE	Asian and any other ethnic group			OKOR	Korean	
MABL	Asian and Black			OKRD	Kurdish	
MACH	Asian and Chinese			OLAM	Latin/South/Central American	
MBOE	Black and any other ethnic group			OLEB	Lebanese	
MBCH	Black and Chinese			OLIB	Libyan	
MCOE	Chinese and any other ethnic			OMAL	Malay	
MWOE	White and any other ethnic group			OMRC	Moroccan	
MWCH	White and Chinese			OPOL	Polynesian	
MOTM	Other mixed background			OTHA	Thai	
AIND	Indian			OVIE	Vietnamese	
APKN	Pakistani			OYEM	Yemeni	
AMPK	Mirpuri Pakistani			OOEG	Other ethnic group	
AKPA	Kashmiri Pakistani			REFU	Refused	
				NOBT	Information not yet obtained	

## Step 2: Your child’s entitlement code

Please complete the following with assistance from your chosen provider(s) if required.

<p><input type="checkbox"/> <b>Two Year Entitlement</b> Application made to, and eligibility confirmed by Thurrock Council via email. <i>Your childcare provider is required to see the email confirming the 2YE offer:</i></p> <p>EY Code.....</p> <p>Date eligibility starts .....</p> <p>'Use by' date * .....</p> <p>*If placement has not started by this date then eligibility must be rechecked.</p>	<p><input type="checkbox"/> <b>15 Hour Funding 3 &amp; 4 Year Olds</b> No code required as all children are eligible for 15 hours funding the first full school term after their third birthday.</p>
<p><input type="checkbox"/> <b>New entitlement 9 months – 2 years *</b> Application made via the <a href="https://childcarechoices.gov.uk">childcarechoices.gov.uk</a> website.</p> <p>Code..... (11 digits)</p> <p>*Only available to children born between 31.8.21 and 31.3.2022 from April 2024 (summer term). Extended to younger children from September 2024.</p> <p><b>Failure to revalidate this code will result in funding being withdrawn.</b></p>	<p><input type="checkbox"/> <b>30 Hour Funding 3 &amp; 4 Year Olds</b> Application made via the <a href="https://childcarechoices.gov.uk">childcarechoices.gov.uk</a> website.</p> <p>Code..... (11 digits)</p> <p><b>Failure to revalidate this code will result in funding being withdrawn.</b></p>

Parents/carers who receive 30 hours entitlement funding, and split this funding with another childcare provider, are required to nominate which setting will receive the 'universal hours' part of the entitlement. Only this setting will be able to apply for additional funding e.g. DAF and Early Years Pupil Premium. Universal hours cannot be split between settings.

<p>Do you split your child’s 30 hour funding with another childcare provider?</p> <p><i>If yes, please write the name of the childcare provider who will receive the 'universal hours' in the box below.</i></p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p> </p>		

### Step 3 – Your details (parent/carer)

Parent / Carer 1	Parent / Carer 2
Surname:	Surname:
Forename:	Forename:
Date of Birth:	Date of Birth:
NI or NASS Number:	NI or NASS Number:
Your address and postcode if different to your child	Your address and postcode if different to your child
Relationship to child:	Relationship to child:

If you are in receipt of certain benefits the childcare setting will be entitled to extra funding to support your child's education. This is called the Early Years Pupil Premium (EYPP). By providing the above information we are able to regularly check eligibility.

### Step 4: Setting and attendance details

You need to agree and complete this declaration form with each setting your child attends for their free entitlement in order to ensure that funding is paid fairly to each of them.

Your child can attend a maximum of two sites in a single day and if your child attends more than one setting we will distribute the funding appropriately between the settings.

My child is attending the following settings:

Setting Name(s)	Please enter total free entitlement hours attended per day					Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
	Mon	Tue	Wed	Thur	Fri		
A							
B							
C							
<b>Total Daily Free Hours Attended</b>							

## Step 5: Declaration of Parent/Carer/Guardian with legal responsibility

- I confirm that the above setting may claim the Early Years funding for my child as agreed between myself and the setting. This will be claimed for each term my child attends the setting.
- If my child is using part of the Entitlement at another setting, I will ensure both are informed and I will advise both settings immediately of any changes.
- Should I wish to move my child to a new provider after the term has started, I undertake to make both my current and new setting fully aware of the situation BEFORE any move is made, including the agreed termination date with the current provider and the start date with the new provider. I undertake to abide by the conditions set out in the provider's parental contract and also give my permission for both settings to discuss the allocation of funding between themselves.
- I confirm that my child will not exceed the maximum entitlement as published by the Government.
- I agree that the information I have provided may be used on a regular basis and can be shared with the local authority and Department for Education. The purpose of this will be to access information from other government departments in order to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child. I understand that I may withdraw my consent to this at any time by advising the setting.
- I confirm that the information I have given on this form is complete and accurate. I will inform my provider immediately if any of these details change.

**Declaration and Submission:** I understand that if I have given any false information on this declaration, I may be asked to reimburse the Local Authority under the requirements of the early education entitlement funding by the Department for Education.

**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 and I authorise (Name of Provider/s)

.....  
to claim free entitlement funding as agreed above on behalf of my child.

Parent/Carer/Guardian with legal responsibility	Childcare provider
Signed:	Signed:
Print name:	Print name:
Date:	Date:

## Data privacy

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](http://thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs. The Data Protection Act 2018 (the Act) puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education, local authorities, schools and other early education providers. The Act gives rights to those about whom data is held (known as data subjects), such as pupils, their parents and teachers. This includes:

- The right to know the types of data being held
- Why it is being held; and
- To whom it may be disclosed

Should you have any concerns relating to how your information or the information relating to your child/ren is being or will be used, please contact your provider or Thurrock Council. Please note that information about whether a child is in receipt of Disability Living Allowance is, under the Act, Special Category Data which should be handled appropriately. Providers are asked to pay particular note to advice from the Information Commissioner's Office on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/training-videos/handling-more-sensitive-information/>

**This form is now complete for the parent/carer. The childcare provider must complete the following section**

## 6. Document check (childcare provider to complete)

Evidence	Provider Confirmation Signature Relevant Sections
<p><b>Proof of correct date of birth of child for all entitlement children</b>(please tick evidence seen)</p> <p><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport</p>	
<p><b>Two Year Entitlement</b> Offer email checked and required information recorded (duplicates Child Entitlement Code section).</p>	
<p><b>New entitlement 9 months – 2 years*</b></p> <ul style="list-style-type: none"> <li>• 11 digit code checked and required information recorded (duplicates Child Entitlement Code section).</li> <li>• Eligibility confirmed on Provider Portal</li> </ul>	
<p><b>30 Hour Funding 3 &amp; 4 Year Olds</b></p> <ul style="list-style-type: none"> <li>• 11 digit code checked and required information recorded (duplicates Child Entitlement Code section).</li> <li>• Eligibility confirmed on Provider Portal</li> </ul>	
<p><b>*New Entitlement April 2024      15 hours - eligible 2 year olds only</b></p> <p><b>*New Entitlement September 2024 15 hours - from 9 months</b></p> <p><b>*Accessing from the first full school term after their birthday or when they are 9 month old.</b></p>	