# The Sheffield Nursery

## Nursery and Childcare Services
Application Form

# Application for Childcare Support

| Date: | | Contract sent: | Contract received: |
|---|---|---|---|

City Nursery        Hillsborough Nursery

| Payment card: | |
|---|---|

Please complete in **BLOCK CAPITALS**.
It is important that all sections are completed.

| Details of Applicant | Details of Child |
|---|---|

| Name: | Full name of child: |
|---|---|
| Address: | Date of Birth: |
| Postcode: | Male    Female |
| E-mail address: | Does your child have any allergies or special needs? (If so please give details) |
| Home Telephone number: | |
| Work Telephone number: | |
| Mobile Telephone number: | |

## Details of childcare required
### (please provide as much detail as possible)

Start Date:

| Day | Full Day (8–5) | Half Day (9–1) | Half Day (1–5) | Place offered | No. of weeks per year childcare required |
|---|---|---|---|---|---|
| Monday | | | | | 52 weeks        38 weeks |
| Tuesday | | | | | Other |
| Wednesday | | | | | Please state |
| Thursday | | | | | |
| Friday | | | | | |

| Is your child eligible for the 2 year FEL | Yes    No | Please provide FEL code: | |
|---|---|---|---|
| Is your child eligible for the 3 yr 15 hrs FEL | Yes    No | Please provide FEL code: | |
| Are you eligible for 30 extended FEL hrs | Yes    No | Would you require; | 30hrs x 38 wk    23 hrs x 52 stretched |

**STUDENTS ONLY.** If you are a student at the Sheffield College please complete the following, this will help us identify the appropriate funding source to help towards your childcare costs

| Course Title: | | Course tutor | |
|---|---|---|---|

| Will you be under 20 years of age at the start of your course? | Yes    No | Care to Learn |
|---|---|---|
| Will you be 24 years of age or over on 1st September and applying for a level 3 or above course | Yes    No | Student loan |
| Are you in receipt of Income Support/JSA | Yes    No | Learner support fund |
| Does your household taxable income come to less than £30,000 | Yes    No | Learner support fund |

Please accept my application for childcare support.
I understand and agree that if a place is offered I will pay the deposit to secure my place.

| Signature: | | Date: | |
|---|---|---|---|

For official use only:

Date received:

Received by

Place offered        Yes    No

**Please Note**: some of this data will be stored on computer and used for administration and statistical purposes in compliance with the College's registration under the Data Protection Act and will be treated as confidential