**APPLICATION FOR THE NEST 2024/2025**



|  |  |  |
| --- | --- | --- |
| **CHILD’S FIRST NAME:** | **FAMILY NAME:** | **MALE □ FEMALE □** |
| **DATE OF BIRTH:** |  | **NI No:** |
| **NATIONALITY:** |  | **SIBLING AT HOMERTON YES/NO** |
| **HOME ADDRESS OF CHILD:**  **POSTCODE:** |  | |
| **PARENT NAME/WORK/ MOBILE NUMBER:** |  | **Email address:** |
| **PARENT NAME/WORK/**  **MOBILE NUMBER:** |  | **Email address:** |
| **ARE YOU ELIGIBLE FOR A FUNDED PLACE YES □ NO □**  **IF YES, PLEASE ENTER YOUR FUNDED CODE: ………………………………..** | | |
| **DOES YOUR CHILD HAVE ANY OF THE FOLLOWING:**   * **SPECIAL EDUCATIONAL NEEDS (AS IDENTIFIED BY A RELEVANT PROFESSIONAL)? YES □ NO □** * **MEDICAL NEEDS? YES □ NO □**   **If you have answered yes to either of the above, you MUST provide further information on the back of this form or on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s) e.g. your child’s medical consultant or paediatrician, whom we will contact for additional information.**   * **Are there any other children living in the home who will be attending the Nursery when this child starts YES □ NO □** | | |
| **ANY OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW REGARDING YOUR APPLICATION** | | |

**A member of staff will discuss your requirement with you in due course.**

**PLEASE NOTE: We are only able to offer up to 15 universal government funded hours in the Nest, the term after your child’s 3rd birthday. We can only guarantee the number of hours that your child was allocated prior to their 3rd birthday. If spaces allow, we will increase the hours. We do not offer extended government hours (ie 16 to 30 hours in the Nest). Extended hours are only offered for one year in the nursery classes.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Breakfast Club**  **8.00 am – 9.00 am** | **Our sessional offers are as follows:-** | **Please**  **only tick one Option** | **Owlets**  **4.00 pm – 5.45 pm** |
|  | **Option 1:** Monday, Tuesday, Wednesday, Thursday, Friday 9.00 am – 4.00 pm (includes lunch) |  |  |
|  | **Option 2:**  Monday, Tuesday and Wednesday 9.00 am – 4.00 pm (includes lunch) |  |  |
|  | **Option 3:** Thursday and Friday 9.00 am – 4.00 pm (includes lunch) |  |  |
|  | **Option 4:** Monday Tuesday Wednesday Thursday and Friday - 9.00 am – 1.00 pm (includes lunch) |  |  |
|  | **Option 5:** Monday Tuesday and Wednesday - 9.00 am – 1.00 pm (includes lunch) |  |  |
|  | **Option 6:** Thursday and Friday - 9.00 am – 1.00 pm (includes lunch) |  |  |

We are sorry but we are not able to offer other sessions to mix and match the above.

**Signature:……………………………………………………................... Date:…………………..........................**

**Name in Full:……………………………………………………… Relationship to Child:………………………………….**

**OFFICE USE ONLY**

**CHILD’S DOB CONFIRMED □ PROOF OF ADDRESS SEEN □ 24.3.22**