

Ash Croft Primary Academy

Nursery Application Form

Child's name:					
Date of Birth:					
Parent / Guardian Names:					
Address:					
Telephone Number					
•					
Email address					
Do you have an old	er child w	/ho is	attending or	has previously attended Ash C	roft? Yes / No
If yes, what is their	name? .				
I am eligible for 1	5 hours	OR	30 hours	of funded childcare per week	(please circle)
				Please tick your preferred option or rank them 1 – 3 in order of preference	
Option 1: 30 hours – Monday to Friday					
	8.45am	– 3.15	ipm		
Option 2: 15 hours – Monday to Friday					
	8.45am	– 11.4	5am		
Option 3: 15 hours – Monday to Friday					
12.15pm – 3.15pm					
Applicable if you receive a Support Allowance, Support Child tax credit(but not als	ny of the follort under part	owing: I VI of th ax Credi	ncome Support, le lmmigration an tand have a gros	RLY YEARS PUPIL PREMIUM FU Income based Job Seekers Allowance, Inco d Asylum Act 1999, the guaranteed element ss income of less than £16190), Working Tax re, the child is adopted, the child has left ca	me Based Employment & of State Pension Credit, c Credit run on, Universal
•	-			e of birth (birth certificate or pas pply this evidence when returni	
Please note that once a	nursery pla	ice has	been accepted	l, it is important that your child attends r	egularly for all sessions.
Parent / Guardian S	Signature:			Date:	
To be completed by a	member of	school	staff		
Date of birth checked:	Yes / No	Birth	n certificate / P	assport / Other	
Address checked:	Yes / No	Cou	ncil Tax / Utilit	y Bill / Other	
School staff signature:				Date:	