



Trenance Childcare  
Newquay Children's Centre  
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## CHILDCARE APPLICATION FORM

PLEASE COMPLETE **ALL** SECTIONS AND RETURN TO THE ADDRESS ABOVE.

### CHILD'S DETAILS:

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

If your child has any brothers or sisters,  
please provide names & ages: \_\_\_\_\_

Name of previous nursery/playgroup: \_\_\_\_\_

### FAMILY DETAILS:

Name of parent(s) / carer(s) with whom the child lives: \_\_\_\_\_  
\_\_\_\_\_

### CONTACT DETAILS 1:

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Work address: \_\_\_\_\_

Work No. \_\_\_\_\_

Does this person have parental responsibility for the child? Yes  No

### CONTACT DETAILS 2:

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Work address: \_\_\_\_\_

Work No. \_\_\_\_\_

Does this person have parental responsibility for the child? Yes  No

**CONTACT DETAILS 3:**

Full name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Work address: \_\_\_\_\_

Work No. \_\_\_\_\_

Does this person have parental responsibility for the child? Yes  No

**Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 order is in place.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency contact details if parents are not available** *Emergency contacts must be local. You must be happy for us to telephone them in an emergency if the main contacts are not available and you are authorising such persons to collect your child.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone numbers \_\_\_\_\_

Relationship to child \_\_\_\_\_

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**CHILDCARE NEEDS**

Please let us know the childcare you require:-

**Seashells (Baby) 0-2 years**       **Starfish (Toddler) 2-3 years**       **Coral (Pre-school) 3-4 years**

Date childcare required (if known) \_\_\_\_\_

Please complete below for the times needed (i.e. 8am – 5pm, or 9am – 12pm):

Monday	Tuesday	Wednesday	Thursday	Friday

Has your child been granted 2 year funding or do you think they may be eligible for it? Yes  No

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**MEDICAL DETAILS**

Name of Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Please give details of any ongoing medical conditions:

Please give details of any external agencies involved with your child i.e. Paediatrician, Consultant, Speech and Language Therapist etc:

Does your child require a health plan? Yes  No 

Please give details of any allergies, food intolerances or specific dietary requirements:

If your child has any special needs or disabilities, please give details:

If your child is aged between 24-36 months, has a 2 year old progress check already been completed? Yes  No 

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**ETHNICITY & RELIGION**

Ethnic origins: (e.g. White European, Black Caribbean, Chinese, etc) \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_ Religion \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DOCUMENTS REQUIRED:****BIRTH CERTIFICATE**  
**2 YEAR OLD FUNDING VOUCHER (IF APPLICABLE)****OFFICE USE ONLY:**

Birth Certificate Seen <input type="checkbox"/> Initials _____	Visited Setting <input type="checkbox"/> Initials _____	Offered place <input type="checkbox"/> Initials _____	Booking made <input type="checkbox"/> Initials _____	S/sheet updated <input type="checkbox"/> Initials _____	Childsplay updated <input type="checkbox"/> Initials _____
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