



Trenance Childcare
Newquay Children's Centre
Trenance Road
Newquay
Cornwall
TR7 2LU
Tel: 01637 877099
info@trenancechildcare.co.uk
www.trenancechildcare.co.uk

"Building a Foundation for Future Learning"

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:

PARENT/CARER 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

PARENT/CARER 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

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 _____

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

MEDICAL DETAILS

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

ETHNICITY & RELIGIONEthnic origins: *(e.g. White European, Black Caribbean, Chinese, etc)* _____

Language(s) spoken at home: _____

Religion _____

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. Please note that completion of this form does not guarantee a place for your child,

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (as per our Privacy Notice).

Signed parent/carer (1): _____

Date: _____

Signed parent/carer (2): _____

Date: _____

Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you in our current prospectus. Personal data held from this form will be dealt with in accordance with our Privacy Notice which you should be supplied with at time of application. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

Signed: _____

Print Name: _____

Date: _____

ENC: TRENANCE CHILDCARE PROSPECTUS
TRENANCE CHILDCARE PRIVACY NOTICE**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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