



Trenance Childcare
Newquay Children's Centre
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"Building a Foundation for Future Learning"

SHARKS BREAKFAST & AFTERSCHOOL CLUB
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: _____

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

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

Date childcare required (if known) _____

Please complete for the times needed. (Mon-Thurs) 8-9am, or 3:15pm-5pm/6pm (Friday) 8-9am, 1:45pm-4pm/5pm/6pm

	Monday	Tuesday	Wednesday	Thursday	Friday
Times needed:					

Please give details of any educational difficulties which your child may be experiencing and wish us to be made aware of:

MEDICAL DETAILS

Please give details of any ongoing medical conditions:

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

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

ETHNICITY & RELIGION

Ethnic 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: SHARKS INFORMATION LEAFLET
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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