30 Hours Funded Childcare Application Form for Alkerden Church of England Nursery

Child's Details

Child's Full Name:	
Date of Birth:	
Home Address:	
Postcode:	
Gender:	☐ Male ☐ Female ☐ Prefer not to say

Parent/Carer 1 Details

Full Name:	
Relationship to Child:	
Home Address *(if different)*:	
Telephone Number:	
Email Address:	
National Insurance Number:	

Parent/Carer 2 Details *(if applicable)*

Full Name:	
Relationship to Child:	
Home Address *(if different)*:	
Telephone Number:	
Email Address:	
National Insurance Number:	

30 Hours Eligibility

11 Digit Eligibility Code:	
Date Code Issued *(if known)*:	

I confirm that:

☐ I have applied for the Working Parent Entitlement.

☐ I understand that I must reconfirm my eligibility with HMRC every three months.

☐ I understand that if I do not reconfirm my eligibility, my child may no longer be entitled to the additional funded hours following any applicable grace period.

Start Date

Month:	☐ September
Year:	

Attendance Request

I wish my child to attend the 30 Hours Funded Childcare Provision.

Preferred Start Date:	
Year:	

Please note that places are allocated subject to availability and in accordance with the Nursery Admissions Policy.

Emergency Contact

Full Name:	
Relationship to Child:	
Telephone Number:	

Medical Information

Does your child have any medical conditions, allergies or dietary requirements?	☐ No ☐ Yes
If yes *(please provide details)*:	

Special Educational Needs and Disabilities (SEND)

Does your child currently receive support for any additional needs?	☐ No ☐ Yes
If yes *(please provide details)*:	

Parental Declaration

I declare that:

- The information provided on this form is true and accurate.
- I have supplied a valid 11-digit eligibility code.
- I understand that my eligibility will be checked before funding can be claimed.
- I will notify the school immediately if my circumstances change.
- I understand that I must reconfirm my eligibility with HMRC every three months.
- I understand that a nursery place is subject to availability and that attendance at the nursery does not guarantee a Reception place at the school.
- I agree for **Alkerden CE Academy Nursery** to use the information provided to verify my eligibility for the Working Parent Entitlement with Kent County Council and the Department for Education.

Parent/Carer Signature:	
Print Name:	
Date:	

Office Use Only

Date Application Received:	
Eligibility Code Verified:	☐ Yes ☐ No
Verification Date:	
Grace Period End Date *(if applicable)*:	
Place Offered:	☐ Yes ☐ No
Start Date:	
Authorised By:	