



PARENTAL PREFERENCE FOR EARLY ENTITLEMENT FUNDING

CHILD'S SURNAME

CHILD'S FORENAME(S)

CHILD'S CHOSEN NAME

DATE OF BIRTH

MALE

FEMALE

Copy of child's birth certificate must be attached to this form.

CHILD'S PERMANENT

HOME ADDRESS

Postcode

NAME OF PARENT/GUARDIAN

(and address if different from above)

Postcode

PARENT'S/GUARDIAN'S

DOB

NI number

TELEPHONE NUMBER

Primary contact No

Mobile

SETTING YOUR CHILD WILL BE ATTENDING (Name of Nursery, Playgroup, Childminder, School)

It is important to state any special circumstances (medical, family, social) in connection with this application. Please do so in the space below.

By signing this form I give permission for the setting to seek professional advice from the Early Entitlement Support Team, should it be required, about best meeting the needs of my child. I know that any specific action will not be undertaken without further discussion with and consent from myself as the parent/guardian.

I understand and agree that any information or data I provide may be checked against other information or passed to other public bodies for verification. In accordance with the Data Protection Act 1998, the information which has been requested will be held for school/LA and child protection/children in need purposes only or such lawful purposes as may be provided from time to time.

I certify that this is the only setting for which I am applying for funding

Signed

Date

N.B. Entry into school based Early Entitlement provision does not guarantee a place in the school nursery class the following September.

Please hand completed form and a copy of birth certificate to setting supervisor.