



# Acorns Nursery Trinity Church School

Woodborough Lane Radstock BA3 3DE  
Tel 01761 438650

## Application Form for Admission to Acorns Nursery: 3 & 4 Year olds

Acorns Nursery accepts children aged 3-4 years old at 3 admission dates per year: September, January and April. You can use the government's 15 hours free childcare for 38 weeks of the year (term time only) in line with current legislation, subject to availability of sessions. Additional sessions above the 15 hours will need to be paid for. The 15 hours free funding starts from the main term **after** your child's 3<sup>rd</sup> birthday.

If you are entitled to 30 hours free childcare, you **must** have applied to B&NES for this and have a valid code **before your child starts**. Please note you must re-check your eligibility for 30 hours funding every 3 months.

Funding can be used to pay for morning or afternoon sessions only – lunchtime sessions (11.45-12.15) are charged at £4.50 per day, regardless of whether your child has a school lunch or brings a packed lunch from home. Additional morning/afternoon sessions **not** covered by funding, are charged at £13.50 per 3 hour session.

Places are subject to availability which depends on staff ratios. Invoices are issued at the start of each term and must be paid by the due date. Places are subject to review if invoices are not paid on time. **Applications must be for a minimum of 3 sessions per week.**

Using BLOCK CAPITALS please complete **both sides** of this form and return to: Admin Office, Trinity Church School, Woodborough Lane, Radstock BA3 3DE or email to [office@trinitychurchschool.com](mailto:office@trinitychurchschool.com)

***Please remember to complete and sign in the 'Application Details' section.***

You should enter each child's legal names as they appear on their birth certificates (or adoption certificate if applicable) unless their names have been changed legally.

### Child's Details

Forename(s)		Surname	
Date of Birth:	Day	Month	Year
			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

**Preferred Start Date:**  
(September, January or April) \_\_\_\_\_ 20 \_\_\_\_\_

### Preferred Sessions : Please indicate required sessions with a cross (X)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 8.45-11.45am (£13.50)					
Lunch Session 11.45-12.15pm (£4.50)					
Afternoon Session 12.15-3.15pm (£13.50)					

Does this child have a Statement of Special Educational Needs (SEN)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO are there any concerns in respect of Behaviour, Emotional or Social difficulties? (if YES please detail below)	YES <input type="checkbox"/> NO <input type="checkbox"/>



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Is the child 'In the Care' of a Local Authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, Which Local Authority	
Name of Social Worker (if applicable)	
Space for any other comments you would like to include:	
Is this child currently on roll at a nursery?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please give details of the current/last nursery attended and if you answered NO please also provide the leaving date and reason for leaving:	
Name of Nursery:	
Address:	
Postcode	
Telephone No.	
Date of Leaving:	Reason for Leaving:
Is this child already claiming their Early Years Entitlement from this setting	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES please give details of hours at other setting	
Are you eligible to 30 hours funding	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'Yes', please provide code:	

<b>Applicant Details</b> (details of adult responsible for applying for the nursery place)	
Title (e.g. Mr/Mrs/Ms/Miss)	
Forename:	
Surname:	
Current Address	..... ..... ..... Postcode .....
Telephone No. (Home & Mobile )	
Email Address:	
Relationship to Pupil (e.g. Mother/Father/Foster Carer)	
Do you have parental responsibility for this child?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**I certify that the information given on this form is to the best of my knowledge & belief correct.**

Signature of Parent/Carer ..... Mr/Mrs/Ms/Miss      Date: .....