

# Clunbury C.E. (A) Primary School and rural nursery



Blue Hills  
Federation

Telephone: 01588 660 207 email: adminclunbry@bhf.shropshire.sch.uk



## Application Form for A place at Little Fledglings Nursery

Little Fledglings Nursery is open between 9am - 3pm, term time only, for children aged between 2 and 4. An Early Birds drop off is available from 8.35am at an additional charge of £2.

**Our session charges and times are: 9am – 12pm = £13.50 / 12pm – 1pm = £4.50 / 1pm – 3pm = £9.00**

We accept 24U funding and the 30hr nursery funding code. Please follow the links below to apply:

**24U funding:** <https://ems.shropshire.gov.uk/SynergyWeb/Enquiries/Citizen/EarlyYears.aspx>

**30hr nursery funding code:** <https://www.gov.uk/apply-30-hours-free-childcare>

Universal Funding (15 hours of free childcare) is available to every child from the school term following their 3rd birthday. You do not need to apply for the universal funding, just complete the Parent Declaration form and we will apply on your behalf.

**Please complete the form below to apply for a place for your child at our nursery:**

1. Child's Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Name child is known by: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Sex: Male / Female (delete as appropriate)

4. Home Address: \_\_\_\_\_  
Post code: \_\_\_\_\_

5. Home telephone number: \_\_\_\_\_

6. Name of Mother: \_\_\_\_\_ NI Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

7. Name of Father: \_\_\_\_\_ NI Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

8. Name and Dates of Birth of other children living at home: \_\_\_\_\_

9. Name and telephone numbers in case of an emergency (in order of preference):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

10. I am applying for a place at the Nursery from: \_\_\_\_\_ on the following days:

**Mon** – am ☐ pm ☐ **Tues** – am ☐ pm ☐ **Wed** – am ☐ pm ☐ **Thurs** – am ☐ pm ☐ **Fri** – am ☐ pm ☐

11. Is there anything that Nursery staff should know about your child? Eg: Any special requirements ie. Diet, Fears, Allergies: \_\_\_\_\_

12. Parent/Carer Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Thank you for applying to Little Fledglings Nursery!**