Form SA13

Applying for a nursery place – September 2014, January 2015 or April 2015



Please see www.cumbria.gov.uk/schooladmissions detailed information about applying for a nursery place, including when children become eligible for free part time nursery education, closing dates for applications and how places at nurseries are allocated.

Personal information – child's details				
Child's first name				
Child's surname				
Date of birth	Gender (male/female)			
Home address				
	Postcode			
Current/Previous Nursery/playgroup				
Parent/carer details				
Full name of parent/carer	Title (Mr/Mrs/Ms/Miss etc)			
Relationship to child				
Contact tel number				
Contact email address				
I give consent for all correspondence to be sent to this email address Yes No				
If you are caring for someone else's child for more than 28 days and you are not an immediate relative you may be private fostering and it is a legal requirement that you contact the local authority on 01228 221408. Further information is available at www.cumbria.gov.uk.				
Your preferred nurse	ery			
Name of nursery				
If your application is successful, which sessions would you prefer (please tick one box)				
5 mornings	5 afternoons No preference			
Reasons for choice of sessions:				
Other than the above (details):	please give			
Additional Information	-			
Does the child have any brothers or sisters (including step or foster siblings) who live at the same address and attend a school or nursery?				
Name	Date of birth School/nursery			

1 Is the child, or was the child previously, in the	e care of a local authority?	Yes 🗌	No 🗌	
If yes please give details				
2 Are you applying for a nursery on the basis of	of faith?	Yes 🗌	No 🗌	
For further information about 1 & 2 above, and you have answered 'yes' to 1 or 2, please see t		evidence you ma	y need to provide if	
Please note that if you do not provide evidence, it may affect your chances of being offered a place.				
If you want to provide any additional information, please use this space:				
Parental declaration I confirm that I have parental responsibility for this child and the information given is correct. I understand that if I have given false information, any place offered may be withdrawn. I also agree to whatever checks may be carried out to verify accuracy. I understand that I need to notify the nursery of any change in my circumstances which occur after I have completed this form (including change of address)				
Full name of parent/carer signing the form (please print)				
Signed				
Date				
Correspondence address if different from child's address Please note – this address will not be used in the allocation process				
Please take this form to the nursery to which you are applying, by the relevant closing date, along with				
proof of your child's date of birth (ie birth certificate/passport) and your home address				
For nursery use only	Date of birth ve	rified		
Date received (please verify with stamp)	Address Verified	d		