

**PERSONAL DETAILS**

Full Name of Child:								
Date of Birth:		Male		Female				
<b>Please tick if applicable:</b>								
Premature Baby Below 30 weeks		Premature Baby 30-36 weeks						
Address								
Post Code:								
Contact Telephone Numbers:								

**CURRENT PLACEMENT**

Please indicate your current pattern of attendance. If your child is granted an additional free year of early learning and childcare this will be as a continuation of their current early learning and childcare placement. Please contact your head of establishment if you wish to apply for a change of placement.

<b>Early Learning and Childcare – Term Time Placement</b>	<input type="checkbox"/>
School Day Model e.g. Monday – Friday 9am-3pm (6 hours per day during term time)	<input type="checkbox"/>

<b>Early Learning and Childcare – All Year Round/Extended Day Placement</b>	<input type="checkbox"/>																																																							
e.g. Morning/afternoon session between 8am-1pm/1pm-6pm for 48 weeks; 2.5 days placement for 48 weeks; extended day placement up to 10 hours.	<input type="checkbox"/>																																																							
Please state your specific times in the table below:																																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2">Monday</th> <th colspan="2">Tuesday</th> <th colspan="2">Wednesday</th> <th colspan="2">Thursday</th> <th colspan="2">Friday</th> </tr> <tr> <th></th> <th>Start</th> <th>End</th> <th>Start</th> <th>End</th> <th>Start</th> <th>End</th> <th>Start</th> <th>End</th> <th>Start</th> <th>End</th> </tr> </thead> <tbody> <tr> <td>AM (Hours)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>PM (Hours)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Full Day (Hours)</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Monday		Tuesday		Wednesday		Thursday		Friday			Start	End	Start	End	Start	End	Start	End	Start	End	AM (Hours)											PM (Hours)											Full Day (Hours)										
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<b>Early Learning and Childcare – Blended Model</b>	
Please specify the providers:	
<b>Name:</b>	<b>Name:</b>
Please note that you <b>must</b> enrol your child in their catchment primary school.	
My child's catchment primary school:	

## Parents/Guardian

1 <sup>st</sup> Contact		2 <sup>nd</sup> Contact	
Address		Address	
Times of Work		Times of Work	
Daytime tel.		Daytime tel.	
Mobile tel.		Mobile tel.	
E-mail		E-mail	

Please detail your reasons and if appropriate state professional agencies involved: e.g. Education, Psychology Services, Speech Therapist, etc.

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### **Declaration of Parent/Guardian**

I confirm that I would like my child to attend an early learning and childcare establishment for an additional year. I will not require a place at primary school for my child until August

I declare that the information provided is a true statement of my circumstances. If required I give permission for the person(s) named to be contacted about this application.

**Data Protection:** The information provided by you will be used for the purpose of planning Early Learning and Childcare provision and they will be used for the purposes of the Council's public functions. The Council may check your details with other information held and may share these with other council services and other local authorities to check the accuracy of the information and to prevent or detect fraud or crime or to protect public funds.

Further information on how the Council handles your personal information can be found on:

[www.renfrewshire.gov.uk/article/2201/privacy-policy](http://www.renfrewshire.gov.uk/article/2201/privacy-policy)

If you require further information on how the Council will process your application, information on schools or help with completion of this application form, please contact: 0300 300 0170.

Signature of parent/guardian:		Date:	
Name of establishment child attends:	Signature of head of establishment:	Date:	

For office use only

Auto grant:	<input type="text"/>	EST minutes received:	<input type="text"/>	LA rep present:	<input type="text"/>	Psychological Assessment:	<input type="text"/>
Input by:	<input type="text"/>	Date:	<input type="text"/>				