

NAF12a Sp4

## **CHILD APPLICATION FORM**

Child's First Name(s)											
Child's Surname											
Address						Da	te of bi		Girl		
Proposed date for admission											
I am applying for: (please tick)			A Full Ye	ear Place all children)	e		(38	Term T B weeks per y Idren only)			
			Mornin	ıg			A	Afterno	on		
I would like my child to attend the	М	Т	W	Th	F	M	Т	W	Th	F	] -
following sessions (please tick)											
Daily Start Time (Term Time Only places) Daily Finish Time (Term Time Only places)											
Children who are no Please see or											ıct.
My child will be eligible for the following funding when starting:	Code	9 (e)	months	y Years – 4 yea er - subject	rs - 30 h	ours pe	r week	<b>J</b>	is		
(please tick and supply code where applicable)				rs Entitle gibility – "B						ours per <sub>juired)</sub>	week
	Code	): 									
			ee Early iversal offe	/ Years er)	Entitlem	ent 3+ y	/ears -	15 hours	s per we	ek	
		No	o fundin	g option	s currer	ntly appl	y to my	child.			

Ref: NAF12a sp Published: 27/02/2025

	Parent / Carer 1	Parent / Carer 2
Title (e.g. Mr/Mrs/Dr), first name & family name		
Address (if different from child)		
Home telephone number		
Mobile telephone number		
Work telephone number		
E-mail address		
Relationship to this child		
Who has legal responsibility for this child?		
Does your child have any special educational needs that you are aware of?		
	Parent / carer 1 Pare Signatures not required if returned by e-mail	ent / carer 2
Date		

## **Data Protection**

All information provided to Wellingtons Nursery on this form is required to provide the service of caring for and educating your child. This constitutes the legal basis for keeping the data. Wellingtons undertakes to comply with the principles of the data protection legislation current at the time. A copy of our data protection statement to parents and guardians will be sent to you as part of our induction process.

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## **Appendix H**

## Short Consent Form Funded Early Education

Child's first name	
Child's last name	
Child's DOB	
Parents National Insurance number	
11 digit unique code (if currently known)	

I confirm that I am the legal parent/carer for the child named overleaf and that the information on this form is correct. I agree that you may use the information I have provided to process my claim for a free early education place and to contact other sources, as allowed by law, to verify my initial and ongoing entitlement. I agree that the information may be used to assess further benefits for my child and my child's school (or other setting), ensure accuracy of records across the local authority and the check against fraud. I agree that my chosen early years provider may share information about my child's progress as part of ongoing research to support the development of services for young children in Slough.

Under the Data Protection Act 2018, we are required to gain your permission to keep personal details for you and your children on our database. Slough Borough Council and its agents may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes. For further information please visit: Slough Data Protection

Completing this form and signing it gives us your informed consent. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer at <a href="mailto:DataProtectionOfficer@slough.gov.uk">DataProtectionOfficer@slough.gov.uk</a>

I have read and understood the statements above and would like to apply for a free early education place for my child.

Parent's signature	
Print name	
Date	