

Office use only:

Intake: _____

Date received: _____

Douglas Valley Nursery School



Expression of Interest form – Under 3's

1. Child's details:

Forename:		Middle name:		Surname:	
Child's full address:					
Male/Female:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth:		

2. Ethnicity

Ethnic Source (please tick as appropriate)

AIND – Indian	<input type="checkbox"/>	MWBC – White/Black Caribbean	<input type="checkbox"/>	WOTW – Other White	<input type="checkbox"/>
AOTH – Any other Asian Background	<input type="checkbox"/>	OLIB – Libyan	<input type="checkbox"/>	WOWB – Other White British	<input type="checkbox"/>
APKN – Pakistani	<input type="checkbox"/>	OOEG – Other Ethnic Group	<input type="checkbox"/>	WROM – Roma/Roma Gypsy	<input type="checkbox"/>
ASRO – SRI Lanken Other	<input type="checkbox"/>	WBRI – White British	<input type="checkbox"/>	WSCO – Scottish	<input type="checkbox"/>
BAFR – African	<input type="checkbox"/>	WCOR – Cornish	<input type="checkbox"/>	WTUC – Turkish Cypriot	<input type="checkbox"/>
BCRB – Black Caribbean	<input type="checkbox"/>	WEEU – White Eastern European	<input type="checkbox"/>	WTUR – Turkish/Turkish Cypriot	<input type="checkbox"/>
BOTH – Any other Black Background	<input type="checkbox"/>	WENG – English	<input type="checkbox"/>	WWEL – Welsh	<input type="checkbox"/>
CHNE – Chinese	<input type="checkbox"/>	WGRC – Greek Cypriot	<input type="checkbox"/>	WWEU – White Western European	<input type="checkbox"/>
MOTH – Any other Mixed Background	<input type="checkbox"/>	WGRK – Greek	<input type="checkbox"/>	NOBT – Info not obtained	<input type="checkbox"/>
MWAS – White/Asian	<input type="checkbox"/>	WIRI – Irish	<input type="checkbox"/>	REFU – Refused	<input type="checkbox"/>
	<input type="checkbox"/>	WIRT – Traveller-Irish Heritage	<input type="checkbox"/>	WSCO – Scottish	<input type="checkbox"/>

Does your child speak English as an additional language?

Yes

No

If yes, what other language?

3. Parent/Carer details:

	Parent/carers 1	Parent/carers 2
Parent/Carer name(s):		
Relationship to child:		
Contact number(s)		
Email address:		
National Insurance number:		-
Date of birth:		

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4. Service - What service are you applying for? Please tick

Funded 15 hours free childcare		<i>Proof of funding is required by applying online. Please follow the link below to apply.</i>
Payable sessions:		<i>Contact the office for price list. Children must attend more than 1 day per week to allow children to fully settle in (either full or half days)</i>

Please click the following link to apply for 2 year funding - [Apply for 2 year funding](#) or visit the Wigan Council website and search for 'Free Early Education and Childcare for 2 Year Olds'.

Please contact the office once you have received a response.

5. Sessions – (Term Time only)

What sessions would be most suitable for you?

(Please be aware that whilst we try to accommodate your preference, your choice of days/sessions is a request and cannot be guaranteed)

Full day – 9:00am – 3:00pm (lunch box required)

Morning session – 9:00am – 12.00pm

Afternoon session – 12.30pm – 3.30pm

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Are you flexible in these days and times? Yes / No (Please circle) If you need to elaborate please use the space here -

6. Does your child have any social, medical or behavioural needs? Please provide any information we may need to know. Please include details of organisations involved. (Continue on a separate sheet if needed)

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7. Do you have a social worker allocated to your child or your family?		Yes		No	X
If yes: Name of social worker:		Contact number:			

8. Looked after and previously looked after children:					
Is your child looked after?	Yes		No		If yes which local authority:.....
Name of social worker:				Contact number:	
Was your child previously looked after?	Yes		No		
If yes, you will need to provide evidence to support this. Evidence enclosed is a copy of:					
Adoption Order		Residence Order		Special Guardianship Order	

9. Important I.D
We need to see the following forms of I.D to fully process your request: Please present at the school office. <ul style="list-style-type: none">• Child's full birth certificate – Parent(s) names• Parent I.D – such as a driving licence or passport• Funding confirmation (if applicable)

Please note: Places are available to your child the term after their second birthday. Places are allocated according to our admissions criteria and not on a first come, first serve basis. If you would like to see the school's Admissions criteria for under 3's please visit the school website.

Parent/Carer signature:

Date:

Office use only:

Staff member please sign and date:

<i>Childs full birth certificate:</i>	
<i>Parent/Carer I.D</i>	
<i>Funding confirmation</i>	

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