

ROSEMOUNT LIFELONG LEARNING

CHILDCARE SERVICE APPLICATION FORM

**CHILDS DETAILS**

**Formal surname Formal first name**

**Known as**

**Address**

**Date of birth Age Sex** MaleFemale

**PARENTS DETAILS**

**1. Formal surname 2. Formal surname**

**Formal first name Formal first name**

**Known as Known as**

**Address Address**

**Postcode Postcode**

**Telephone Telephone**

**E-mail address E-mail address**



**Please let us know which days and times you are requesting for childcare, but note that it may not be**

**possible to satisfy your choice of place.**

**Places are offered as follows –**

**5 morning places 8 am – 12.30pm**

**5 afternoon places 1pm – 5.30pm**

**Or**

**2 full days 8 am till 5.30 pm + 1 half day 8 – 12pm or 1 – 5pm**

**Additional hours can be purchased at a reduced cost. ( 3 hour minimum purchase)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| From |  |  |  |  |  |
| Until |  |  |  |  |  |

**When will your child start school? Name of school**

When would you like your child to start at Rosemount Lifelong learning? ……………………………………………………….

**Parent’s Signature: ……………………………………………**

**DATE OF APPLICATION**………………………………………………………………….

**Approved by: …………………………………............... Date: …………………………………………..**

**Visit date arranged: ………………………………………….. Date: …………………………………………...**

**Follow up letter: ………………………………………………. Date: ……………………………………………**

**Start Date: ………………………………………………………..**

**Follow up notes:**

**Eligible 2s Funding**……………………………………….

**Cross Boundary Funding**………………………………

**Pre school funding**…………………………………………

**Foreign National Verification Required** ………………………………………..