**LANTERNS NURSERY SCHOOL – APPLICATION FORM** 

| Name of child:- | | Boy / Girl | |
| --- | --- | --- | --- |
| Date of birth:- | Birth Certificate seen:- Y / N  (Lanterns Staff Please date & initial) | | |
| Name of Parent/Carer 1 | Name of Parent/Carer 2 | | |
| Address of main carer/s:- | | | |
| Telephone number at home:- | Mobile Number/s:- | | |
| Main E-mail address:- | | | |
| Names & ages of any brothers and sisters, including step siblings living in the same family unit:- | | | |
| Have any siblings attended Lanterns? Y / N | If so, which class / key person ? | | |
| Does your child live in a: House / Flat | Do you have a garden? Yes / No | | |
| What language/s do you speak at home/ethnicity? | | | |
| 30 hour entitlement :  **2 parent household** : both parents must be -  ∙ working a minimum of 16 hours each per week.  ∙ earning a minimum of National Living Wage per hour up to a maximum single income of £100,000 per annum.  **Single parent household :** the parent must be –  ∙ working at least 16 hours per week.  ∙ earning a minimum of National Living Wage per hour up to a maximum of £100,000 per annum.  Eligibility should be checked at : www.gov.uk/childcare-calculator. If you are eligible you will receive a reference number which should be provided to Lanterns the term before your child is due to start.  **In order to verify your eligibility we require your NI and 30 hour code, so please enter it here ………………..** | | | Please tick  if eligible : |
| 15 hour entitlement 3-4 years: **If you do not qualify for the 30 hour entitlement your child will still receive 15 hours of government funded childcare.** | | | Please tick  if eligible : |
| 15 hour disadvantaged 2 year old funding: **in order to verify your eligibility we require your NI and 2 year old code, so please enter it here ………………………** | | | Please tick  if eligible : |

| Name of Health Visitor (if applicable):- | Name of Social Worker (if applicable):- |
| --- | --- |
| *Does your child have any additional needs?*  *Are they seen by a paediatrician, NHS therapist, private therapist or any other professionals? If so, are you happy to share who?* | |
| *Is there anything else you think is important for us to know about your child?*  Does your child attend any other settings or are you wishing to move your child from another setting to Lanterns? If yes, are you happy to share which setting? | |
| How did you find out about Lanterns? Please tick the most appropriate answer  ∙ Word of mouth/friend  ∙ Hampshire website  ∙ Lanterns website  ∙ I have attended a drop-in / group at Lanterns  ∙ Other ……………………………………………… | |
| I understand my child’s name will be put on the waiting list and that I will be informed when a place becomes available. The Lanterns Nursery Admissions Policy can be found here <https://www.lanterns.hants.sch.uk/admissions/>  Signed: ………………………………………………………………..(Parent/Carer)  Print Name: ………………………………………………………...  Date: ……………………………………………………………………  Please note that completing this form does not guarantee a place. Places are allocated according to the Lantern’s Admissions Policy. | |
| **Please return to:-**  Lanterns Nursery School  Bereweeke Road,  Winchester, SO22 6AJ  [admissions@lanterns.hants.sch.uk](mailto:admissions@lanterns.hants.sch.uk) | **Please note:-**  We will need to see a copy of your child’s birth certificate along with the completed form. Upon acceptance of an offer of a place a refundable deposit of £50.00 is required. |