

## 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?		
<p>30 hour entitlement :</p> <p><b>2 parent household</b> : both parents must be -</p> <ul style="list-style-type: none"> <li>• working a minimum of 16 hours each per week.</li> <li>• earning a minimum of National Living Wage per hour up to a maximum single income of £100,000 per annum.</li> </ul> <p><b>Single parent household</b> : the parent must be –</p> <ul style="list-style-type: none"> <li>• working at least 16 hours per week.</li> <li>• earning a minimum of National Living Wage per hour up to a maximum of £100,000 per annum.</li> </ul> <p>Eligibility should be checked at : <a href="http://www.gov.uk/childcare-calculator">www.gov.uk/childcare-calculator</a>. 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.</p> <p><b>In order to verify your eligibility we require your NI and 30 hour code, so please enter it here .....</b></p>		<p style="text-align: center;">Please tick if eligible :</p>

15 hour entitlement 3-4 years: <b>If you do not qualify for the 30 hour entitlement your child will still receive 15 hours of government funded childcare.</b>	Please tick if eligible : :
15 hour disadvantaged 2 year old funding: <b>in order to verify your eligibility we require your NI and 2 year old code, so please enter it here .....</b>	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.

<p><b>Please return to:-</b> Lanterns Nursery School Bereweke Road, Winchester, SO22 6AJ <a href="mailto:admissions@lanterns.hants.sch.uk">admissions@lanterns.hants.sch.uk</a></p>	<p><b>Please note:-</b> 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 £100.00 is required.</p>
---	---