



Lockington CE VC Primary School

Headteacher: Mrs Julie Cattle

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Lockington Little Lights Pre-School Nursery EXPRESSION OF INTEREST

I would like to express an interest in applying for a place for my child at Lockington Little Lights Pre-School Nursery.

I understand that there will be 18 hours on offer, spread over six sessions of 9am-12pm and 12.30pm-3.30pm, Tuesday to Thursday during school term time. I understand that funding can also be used to cover lunchtime staff charges.

Universal funded hours are available up to 15 hours and extended hours can be applied for via East Riding of Yorkshire Council for up to 30 hours of provision. Additional sessions not covered by funding can be paid for each week.

I understand that I am able to apply, and use funding, for my child to start Lockington Little Lights in the term after they are three. Children can attend the setting after their third birthday but charges are applicable prior to funded hours beginning.

I understand the full application form will be sent nearer my child's start date. **I also understand that this form is not an application for a school place.**

	CHILD'S DETAILS
Child's forename:	
Child's surname:	
Child's date of birth:	
Home address: (including post code)	

Morning Session Required	Tick as Required	Lunchtime Session Required	Tick as Required	Afternoon Session Required	Tick as Required
Tuesday		Tuesday		Tuesday	
Wednesday		Wednesday		Wednesday	
Thursday		Thursday		Thursday	

I would like my child to start nursery during the September/January/April (please delete as appropriate) intake of _____ (insert year).

PARENT/CARER'S DETAILS (MAIN CONTACT)

Forename:			
Surname:			
Title:	Mr / Mrs / Miss / Other – please state		
Relationship to child: (eg mother, father, carer, guardian)			
Home address: (including postcode) (Only fill this section in if different from child's address)			
Daytime telephone number:			
Mobile telephone number:			
Email address:			
I CONFIRM THAT I HAVE FULL PARENTAL RESPONSIBILITY FOR THE CHILD NAMED ABOVE			
Signed:		Date:	
Print name:			
<p>The information included on this form will not be shared with any other party. The school will use the information on this form to enable us to contact you to send you further information about a place for your child in Lockington Little Lights.</p>			
<p>I confirm that I consent to the school using the data provided on this form as specified above.</p>			
Signed: _____ Date: _____			