


Office Use Only:

- ☐ Birth Certificate/Passport
 2 Yr Old Start Date _____
 3 Yr Old Start Date _____
 Preferred Start Date _____
 Session: AM/PM/FULL DAY

Early Years Registration Form

CHILD'S DETAILS

Forename:	Surname:
Date of Birth:	Gender: M / F
Address:	
Postcode:	
Home telephone number:	
Name by which the child should be addressed:	
Nationality: If not British, are you subject to immigration control?	
Language spoken at home:	Religion:

PARENT'S DETAILS

Mother's name:	Father's name:
Occupation:	Occupation:
Mobile number:	Mobile number:
Work number:	Work number:
Email:	Email:
National Insurance Number:	National Insurance Number:
Address (if different from child's):	
Postcode:	Postcode:
Who has parental responsibility for the child?	

SIBLINGS ATTENDING AFIFAH

Name:	Year group:
Name:	Year group:

PLACEMENT REQUIREMENT

Pre-School: AM Only/PM Only/5 Full Days	EYFS Unit: 5 Full Days
Preferred Starting Date:.....	

NURSERY EDUCATION GRANT – ELIGIBILITY FOR 2 YEAR OLDS

Please read through the options below and tick the eligibility criteria which applies to you. If you meet more than one of the criteria, please tick all which apply.

Tax Credits: Please select an option if one of these apply to you

- ☐ Child tax credit, where your household income for the year assessed by HMRC does not exceed £16,190
- ☐ Working tax credit, where your household income for the year does not exceed £16,190

Please select an option if one of these apply to you

- ☐ Income Support
- ☐ Income-based Jobseeker's Allowance
- ☐ Income-related Employment and Support Allowance
- ☐ The guarantee element of the State Pension Credit
- ☐ Universal Credit

DECLARATION

Parent/Carer Signature: Date:

Pre School Managers Signature: Date:

OFFICIAL USE ONLY

Birth Cert or Passport provided	Y/N	Preferred Session	AM Only/PM Only/5 Days
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Please ensure you have also submitted the child's Birth Certificate or Passport

86 CLIFTON STREET, OLD TRAFFORD, MANCHESTER, M16 9GN

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