The Sheffield College

Nursery and Childcare Services
Application Form

Application for Childcare Support 202……….

City Nursery ☐   Hillsborough Nursery ☐

Please complete in BLOCK CAPITALS. It is important that all sections are completed.

Contract sent:	Contract received:
………………………..	………………………….
Payment card:	
……………………….	…………………………

Details of Applicant

Name…………………………………………

Address……………………………………………..

……………………………………….

Postcode ……………………………………… ………….

e- mail add ……………………………………………..

Tel No: Home……………………………………………

Work…………………………………………

Mobile…………………………………………

Details of Child

Full name of child………………………………….

Date of Birth…………………………………………..

Male ❑   Female ❑

Does your child have any allergies or special needs? (If so please give details)

Details of childcare required (please provide as much detail as possible)   Start Date…………………………….

Day	8 - 9	9 - 1	1 - 5	5-6	Place offered		No. of weeks per year childcare required	
Monday								
Tuesday							52 weeks	☐
Wednesday							38 weeks	☐
Thursday							Other	☐
Friday							Please state	

STUDENTS ONLY. If you are a student at the Sheffield College please complete the following, this will help us identify the appropriate funding source to help towards your childcare costs

Course Title……………………………………………….

Course Tiutor……………………………………………..

					office use only
Will you be **under** 20 years of age at the start of your course?	Yes ☐	No ☐			Care to Learn
Will you be **24 years of age or over** on 1st September and applying for a **level 3 or above** course	Yes ☐	No ☐			Student loan
Are you in receipt of **Income Support / JSA**	Yes ☐	No ☐			Learner support fund
Does your household taxable income come to **less than £30,000**	Yes ☐	No ☐			Learner support fund
Is your child eligible for the **2 year old** Free entitlement funding	Yes ☐	No ☐			2 year Fel
Is your child entitled to the **3 year old** Free entitlement Funding?	Yes ☐	No ☐			3 yr Fel

Please accept my application for childcare support. I understand and agree that if a place is offered I will pay the deposit to secure my place.

Signature ………………………………………………Date…………………………………

Please Note: some of this data will be stored on computer and used for administration and statistical purposes in compliance with the College's registration under the Data Protection Act and will be treated as confidential.

For official use only:

Date received

………………………

Received by

……………………….

Place offered

Yes ❑   No ❑