



Bright Start Application Form

Unit 1 & 2, 138 Finch Road, Lozells, Birmingham, B19 1HN, Tel: 0121 572 7578
www.brightstartchildcare.co.uk

OFFICE USE ONLY			
Date application received		Address proof seen	
Birth date proof seen		Expected start date	
Actual start date		Reference number	
AM/PM/FT			

Child's Details			
First Name		Address	
Middle Name			
Surname		Area	
Date of Birth		City/Town	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Post Code	
Ethnicity		Home Tel	
		Mob Tel	

Parent/ Carer Details			
Parent/ Carer 1			
First Name		Address (if different from child)	
Middle Name			
Surname		Area	
Relationship		City/Town	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Post Code	
Main Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Collect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Tel <small>(if different from child)</small>		Mob Tel	
Email			

Parent/ Carer Details			
Parent/ Carer 2			
First Name		Address (if different from child)	
Middle Name			
Surname		Area	
Relationship		City/Town	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Post Code	
Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can Collect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Tel <small>(if different from child)</small>		Mob Tel	
Email			

Emergency Contact			
Emergency Contact 1			
First Name		Address	
Middle Name			
Surname		Area	
Relationship		City/Town	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Post Code	
Home Tel		Mob Tel	

Emergency Contact 2			
First Name		Address	
Middle Name			
Surname		Area	
Relationship		City/Town	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Post Code	
Home Tel		Mob Tel	

Places Required						
	Monday	Tuesday	Wednesday	Thursday	Friday	tick
AM	8:30 – 11:30	8:30 – 11:30	8:30 – 11:30	8:30 – 11:30	8:30 – 11:30	<input type="checkbox"/>
PM	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	12:30 – 3:30	<input type="checkbox"/>
If you require places different to the times mentioned above, please clarify below						

Early Education Entitlement Funding:

I confirm that my child does not access an early education entitlement (EEE) place with another provider within the area of Birmingham City Council or with another local authority.

Signature Date

Extended Childcare (your child does not need to be a funded nursery child for access to extended childcare)	
Do you require extended childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you	<input type="checkbox"/> A working parent <input type="checkbox"/> In full time education
If yes, for how many weeks	
Times and days required	

Health Information			
Does the child have any long term medical conditions or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not disclosed
If yes, please provide details			
Has there been a professional assessment identifying a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, please provide copies of the professional assessments</i>			
Child's Doctor			
Practice Name			
Address			
Post Code		Tel No.	

Terms

I understand that the 15 hours free entitlement must be free at the point of delivery and that I cannot be charged for this in advance.

I understand that my child will only be entitled to a maximum of 15 hours a week funded through Early Education Entitlement (EEE), and this is subject to my child attending the setting on a regular basis.

I understand that I must keep the setting informed of any long term absences (beyond 2 weeks of duration), and in the event such long term absences results in EEE funding being withheld/withdrawn or disallowed, I will be liable for the fees for the period, and/or my child's place at the setting will be withdrawn.

I have received detailed information from the provider and advised of additional services available for my child and that I understand I will have to pay fees for these services.

I understand that I cannot vary the provider detailed within one term of this agreement and without the express information of the provider and the local authority.

I understand that I must keep Bright Start Childcare informed if and when my child attends another provider.

I understand that if my child is found not to be eligible or a false claim is made, I will be liable to pay the fees myself.

I will ensure that my child **arrives** to the setting and is **collected on time**.

I give consent for the administration of emergency medication and/or hospital treatment to be given to my child in my absence if I cannot be contacted in an emergency situation.

I consent for my child to take part in out of external visits including outings within walking distance on foot.

I consent for my child being photographed/ video filmed by staff for educational use and that media will be treated according to stringent procedures as set by the setting.

My child will abide by all the rules and regulations of Bright Start and failure to do so may result in dismissal. In any such cases, there will be no legal remedy against Bright Start.

I will support my child in following the rules, regulations, procedures, guidelines and ethos of the setting.

Declaration

As the parent/ carer of the child mentioned in this application, I confirm that the details provided are accurate. I acknowledge that if any of these details change at any point, it will be my responsibility to inform the setting.

Signed |

Date |

(please note that if you are completing an electronic version of this document, you will be required to sign a hard copy before your child begins at the setting)