**Butterfly Nursery Scotland - Application Form**

Date received:

**Child's Details**

Full name of child: ............................................................................................... Date of birth:………………………….

Address:..................................................................................................................... \*Postcode: …………………………….

**When do you wish the placement to commence?..............................................................................................................**

**Parent/Carers Details**

Parents Name: ….......................................................................

Address:......................................................................................................................... Postcode: ...............................

Tel No: …………………………… Mobile No: ………………………………… email: ………………………………………………………..

\*Employment status:………………………………………… Further training/education: ……………………………………….

\*Employer/College: ………………………………………………………………………………… Tel No: ……………………………………..

Parent's Name: …........................................................................

Address:......................................................................................................................... Postcode: ...............................

Tel No: …………………………… Mobile No: ………………………………… email: …………………………………………………….

\*Employment status: ………………………………………… Further training/education: ………………………………..

\*Employer/College: ………………………………………………………………………………… Tel No: ………………………………….

**Name and Ages of Other Children in the Family:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Position in family** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Emergency Contact Details:**

It is the responsibility of parent/carer to notify the Nursery of any change of address, telephone number and emergency contact details.

STAFF **MUST** BE ABLE TO CONTACT AT ALL TIMES A PARENT/CARER OR NOMINEE IN CASE OF AN EMERGENCY.

Name of Contact Person: ..........................................................

Address: ..................................................................................................... Tel No: …………………………………………….

Relationship to Child: ......................................................

**PLEASE NOTE:**

* **Children should be brought to and collected from the Nursery by a responsible adult over 16 years of age**
* **The Nursery MUST be informed if an adult unknown to staff, or not on their collection list, is collecting your child as without this consent, your child cannot be removed from the Nursery for reasons of safety**
* **Children will not to be released into the care of an adult who appears to be incapable or suspected of being under the influence of substance abuse**
* **A charge of £5.00 will be applied for children not collected within the appropriate timescale (Up to 10 minutes) and a further £5.00 for every subsequent 10 minutes**
* **The nursery must be notified of any absence before the end of session as stated in our absence procedure**

**Who has Permission to Collect your child from Nursery?**

Name: ........................................................................................

Address:............................................................................................. Post Code: …………………………………………..

Tel Number: .................................................. Relationship: ………………………………………………..

Name:...........................................................................................

Address: ..................................................................................... Post Code: ………………………………………….

Tel Number: ............................................... Relationship: ………………………..

**Nursery Place Requested** (please tick as appropriate):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Placement** | **Session times** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| Morning (1140hrs Funding) | 8.00 am – 12.30am |  |  |  |  |  |
| Afternoon (1140hrs Funding) | 1:00 om – 5:30 pm |  |  |  |  |  |
| Extended session with Lunch | 8.00 am – 12:30pm |  |  |  |  |  |
| Full Day wraparound/private | 8:00/8:30 am – 4.00pm |  |  |  |  |  |
| Extended Full Day | 8:00 am – 5:30 pm |  |  |  |  |  |

Funding is subject to eligibility and availability

**2 year old funding** - is based upon an eligibility criteria and has to be applied for through the council, accessed through this link; <https://www.glasgow.gov.uk/article/17458/Early-Learning--Childcare> If successful, funding will start the term after your child's 2nd birthday.

**3 year old funding** - for children residing in Glasgow, we will automatically put you through for this if you are an existing, registered child. This funding can start the day after your child's 3rd birthday. **Cross boundary** **funding** - (children outwith Glasgow Council border), have to apply for this funding in advance (February before the academic year)

In all the above scenarios, we deliver the funding as 5 morning or 5 afternoon sessions (inclusive of lunch and snack). Wraparound hours can be purchased to extend placements.

\*Please note that all placements are subject to availability and continuation of funding from the council.

**Fee Policy**

1140 hours funded sessions are free at point of entry and include a meal. They are delivered as 5 x AM/PM sessions: 8:00 am to 12:30 pm or 1:00 pm to 5:30 pm (for 50 weeks of the year, therefore including Easter Summer and October holidays)

Additional/wraparound hours can be purchased if required and available (restricted to set sessions with a minimum of 3 sessions or 2 full days)

\*Fees are required to be paid in advance in order to secure placement.

**Reasons for Application** (Please circle as appropriate)

Is there a need for a priority place? YES NO

If so, can you tell us about it? (Medical/Health reasons, Social Work Referral etc.)

…....................................................................................................................................................................................................

**Referrals and Supported Applications**

**Please note:**

Referrals and letters of support will only be considered for high priority applications.

Name of Referee:...................................................................... Position: ………………………………………………………..

Organisation:………………………………………………..Address:...............................................................................................

Tel No : ….................................... email: ……………………………………………………………………………………..

**(Please complete as appropriate for child)**

Medical/Health

I am known as: ........................................................................................................................ I like: ..............................................................................................................................................................................

I do not like: ...............................................................................................................................................................

Who lives with me? …………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………..

My pet’s name is: ……………………………………………………………………………………………………………………….

My favourite colour is: …………………………………………………………………………………………………………………

My favourite toy/game is: ………………………………………………………………………………………………………….

My favourite song is: …………………………………………………………………………………………………………………….

I have a comforter yes/no I need this when …………………………………………………………………………………………………………………………..

Feeding routine**: …………………………………………………………………………………………………………………………..**

Bottles – Formula/breast milk: ………………………………………………………………………………………………..

Weaning – Yes/No ………………………………………………………………………………………………………………………

Solids – Yes/No …………………………………………………………………………………………………………………………..

Sleeping routine – ………………………………………………………………………………………………..

Stage of mobility:

Sitting - supported/independently Crawling – Yes/No Walking – Yes

Medical/Health

**Child’s GP Name**: **Health Visitor:**

A**ddress**: A**ddress**:

**Tel**: **Tel**:

*(We will make contact with your Health Visitor to advise of child’s placement)*

**Please give details of child’s known medical/care needs.**

…………………………………………………………………………………………..….………………………………………………………….

**Any Diagnosed Condition**: Yes/No ……………………………………………………………………………………………….

Does your child have any Allergies? YES/NO (Please give details)

Type of allergy: ………………………..………………………………………………………….......... What are the signs and symptoms: ……….............................................………………….......………………………………

What is the agreed response procedure………………………………………………………................................................

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**Has your child had a 27-30 month assessment?** YES/NO Other Health Professionals in contact with child:

**Dentist** .................................................................................. Tel ......................................... **Speech & Language** ............................................................ Tel ......................................... **Educational Psychologist** .................................................. Tel ......................................... **Social Worker** ..................................................................... Tel ............................................