

# 3 and 4 YEAR OLD APPLICATION FORM

*Please read the accompanying guidance notes to assist you in completing this form*

**1. Nursery Information – details of the provision required.**  
*(Please note that we will endeavour to give you your choice however there is no guarantee of this.)*

Please tick one box indicating the provision you wish to be considered for:

Core Hours  Holiday Provision   
 Additional Hours  Extended Hours (Sessional)   
*(\*also complete section 2 below)*

*Please check that the type of provision requested is available in the nurseries you will indicate at Section 3 below.*

**2. EXTENDED HOURS ONLY** (available in limited establishments within each community)  
**\*Please complete the table below if you wish to apply for Extended Hours (tick all hours required)**

Extended Hours	Monday	Tuesday	Wednesday	Thursday	Friday
1 hour before nursery					
AM sessional place					
lunch session					
PM sessional place					
1 hour after nursery					
2 hours after nursery					

*Please note that charges apply for all additional hours/wraparound care over and above 600 hours.*

**3. Community and Nursery Information – details of the community you wish to apply for a place.**  
*(Please note that priority will be given to those living within a community.)*

Newton Mearns  Giffnock/Thornliebank   
 Busby/Clarkston/Eaglesham  Barrhead/Neilston

Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices of establishments within your community.  
*Please note you must give details of 3 establishments.*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Please note that we will endeavour to give you your choice however there is no guarantee of this. Where applications received exceeds the places available, a ballot will take place.*

**4. Details of Child**

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Male  Female  Has your child been known by any other name? No  Yes

(Please provide details) \_\_\_\_\_

Date of Birth       Age of child at the date of application

Address \_\_\_\_\_  
 \_\_\_\_\_

Post Code \_\_\_\_\_

Mother's/Carer's Name \_\_\_\_\_ Father's/Carer's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
*(if different from child) (if different from child)*

Post Code \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

\*email address \_\_\_\_\_ email address \_\_\_\_\_

*\*Please note that acknowledgment of your application will be sent by email, if one is provided.*

5. Please refer to the attached priority list and indicate to which band you judge your child belongs.

The following information is required if you would like to be considered under priority 4a.

**Priority 4a)** Where you consider your child falls into this priority, please complete the following:

Name of brother/sister: \_\_\_\_\_

Date of birth of brother/sister: 

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**Priority 4b)** I wish my child to attend the full 5 sessions (or maximum 600 hours).  Please tick if yes

Or

**Priority 4c)** Please complete if your child will not be attending the full 5 sessions (or maximum 600 hours).

Number of sessions required

M	T	W	Th	F

*(Please tick days required)*

**6. Additional Information**

Please provide any additional information that you think will support your application.

**Declaration of Parent /Carer: –**

I confirm that the information given in this application form is accurate\*.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*\*NB If any of the information provided on this form is found to be incorrect at any time, any place offered may be withdrawn.*

**DATA PROTECTION:**

The information you provide will be processed in accordance with the Data Protection Act 1998. It will be used in the administration of your request and may be shared with others with a relevant interest, in East Renfrewshire Council.

Please return completed form to  
Admin & Support Section  
East Renfrewshire Council  
Education Department  
211 Main Street  
BARRHEAD  
G78 1SY

Contact Telephone Number: 0141 577 3288

Email [earlylearningandchildcare@eastrenfrewshire.gov.uk](mailto:earlylearningandchildcare@eastrenfrewshire.gov.uk)

**OFFICE USE ONLY: Once Completed PROTECT**