

Canaan Lane Early Learning & Childcare

APPLICATION FOR EARLY LEARNING AND CHILDCARE

1. CHILD'S DETAILS

Forename		Known As	
Surname			
Home Address			
Postcode			

Date of Birth Day/Month/Year		Gender	
Birth Certificate No: <i>or in exceptional circumstances only</i> Passport No: <i>The birth certificate number is in 3 parts District/Year of Birth/Entry No. e.g. 763/2013/123 (Scottish) or LON/2013/123 (Other)</i>			

2. FAMILY DETAILS

Relationship to child:	Title:	Forename:	Surname:	
Address:				
Postcode:	Contact Tel. No's			
Authorised to Collect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emergency Contact	Yes <input type="checkbox"/>
Email address				

Relationship to child:	Title:	Forename:	Surname:	
Address:				
Postcode:	Contact Tel. No's			
Authorised to Collect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emergency Contact	Yes <input type="checkbox"/>
Email address				

Relationship to child:	Title:	Forename:	Surname:	
Address:				
Postcode:	Contact Tel. No's			
Authorised to Collect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emergency Contact	Yes <input type="checkbox"/>
Email address				

•EDINBURGH•

THE CITY OF EDINBURGH COUNCIL

Email address

3. TERRIFIC 2 YEAR OLDS

YOUR 2-YEAR-OLD CHILD MAY BE ELIGIBLE FOR EARLY LEARNING AND CHILDCARE 1 WEEK AFTER THEIR SECOND BIRTHDAY IF ANY OF THE FOLLOWING CRITERIA APPLIES TO YOU.

Please indicate below (☒) if a parent or carer is in receipt of at least one of the following benefits:

Income Support	<input type="checkbox"/>	Child Tax Credit ONLY and your annual income is below £17,005	<input type="checkbox"/>
Income Based Job Seekers Allowance	<input type="checkbox"/>	Both Maximum Child Tax Credit and Working Tax Credit and your annual income is below £7,920	<input type="checkbox"/>
Income Based Employment and Support Allowance	<input type="checkbox"/>	Support under Part VI the Immigration and Asylum Act 1999	<input type="checkbox"/>
Inc incapacity Benefit or Severe Disablement Allowance	<input type="checkbox"/>	Universal Credit where household take-home pay is £660 a month or less	<input type="checkbox"/>
State Pension Credit	<input type="checkbox"/>		

OTHER QUALIFYING CRITERIA

Please indicate below (☒) if child is:

Looked After or is considered to be at risk of becoming looked after by a Local Authority	<input type="checkbox"/>	Under a Kinship Care Order	<input type="checkbox"/>
Living with a Parent-appointed Guardian	<input type="checkbox"/>	Care Experienced or has a parent who is Care experience will also be entitled to an Eligible 2's funded place.	<input type="checkbox"/>
In temporary accommodation/homeless	<input type="checkbox"/>	Or if the family has: Graduated from the Family Nurse Partnership (FNP)	<input type="checkbox"/>

If you are currently in receipt of Free School Meals or Clothing Grant for another child, please provide details:

Child's Name:

School:

4. NURSERY CHOICE

WHICH NURSERY DO YOU WISH YOUR CHILD TO ATTEND

*Please list 3 choices in priority order, whilst we will try to offer your first choice this cannot be guaranteed.
PLEASE RETURN THE COMPLETED FORM TO YOUR FIRST CHOICE NURSERY.*

** Go to [Places for two year olds - Local Authority](#) for a list of nurseries providing places for Terrific 2's*

1.	Sibling attending this nursery/school: Yes <input type="checkbox"/> No <input type="checkbox"/> (Category 4 - If yes please provide name & stage below) Name: _____ Stage: _____
2.	
3.	

If a place cannot be made available in your first choice of nursery you may wish to attend another nursery this year but you must advise the head teacher of the nursery of your first choice if you wish to remain on the waiting list for this year.

Local authority settings only

Full Year	Monday & Tuesday With additional Flexi Fridays.	Wednesday & Thursday With additional Flexi Fridays	Mornings	Afternoons
Session Choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or

Term time • August to Dec • January to April • April to June	Monday to Thursday 8.30am – 3pm & Friday 8.30am – 12.30pm	<input type="checkbox"/>
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Partner Provider nurseries**(please contact the partner direct about applying if this is your first-choice nursery)**

- Most Partner nurseries offer full days or part days (enter hours required. e.g. 8am – 6pm or 9am-12.30pm

	Monday	Tuesday	Wednesday	Thursday	Friday
Sessions					

Is your child attending another nursery? If yes, please enter details below.

Setting Name:	Total hours per week:
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Have you applied to any other nursery, if so where?

Setting Name:

5. CHILD'S HEALTH INFORMATION**Health Conditions**

Any long-term illness, medical condition or disability?

Yes No

If yes, please provide details:

If yes, has there been a professional assessment identifying a disability?

Yes No

If yes, can you provide copies of the professional assessment?

Yes No **Doctors Details**

Health Board (e.g. Lothian): _____

Practice Name: _____

Do you have any concerns about your child?*(Please tick as appropriate)*Yes No

Sight	<input type="checkbox"/>
Speech & Language	<input type="checkbox"/>
Behaviour	<input type="checkbox"/>
Other	<input type="checkbox"/>

Hearing	<input type="checkbox"/>
Co-ordination and movement	<input type="checkbox"/>
Toileting	<input type="checkbox"/>

Please provide relevant details:

Dietary RequirementsAny special dietary requirements? Yes No

If yes, please provide details:

6. ETHNIC BACKGROUND**Please tick ONLY ONE of the following categories**

<input type="checkbox"/> African – African/British/Scottish	<input type="checkbox"/> Caribbean or Black - Caribbean/British/Scottish	<input type="checkbox"/> White Gypsy Traveller
<input type="checkbox"/> African - Other	<input type="checkbox"/> Caribbean or Black – Other	<input type="checkbox"/> White – Irish
<input type="checkbox"/> Asian – Bangladeshi/British/Scottish	<input type="checkbox"/> Mixed or multiple origins	<input type="checkbox"/> White - Other
<input type="checkbox"/> Asian – Chinese/British/Scottish	<input type="checkbox"/> Not Disclosed	<input type="checkbox"/> White - Other British
<input type="checkbox"/> Asian – Indian/British/Scottish	<input type="checkbox"/> Other Arab	<input type="checkbox"/> White – Polish
<input type="checkbox"/> Asian – Pakistani/British/Scottish	<input type="checkbox"/> Other - Other	<input type="checkbox"/> White - Scottish
<input type="checkbox"/> Asian – Other		

7. LANGUAGES SPOKEN

Main home language: _____

Additional language(s): _____

8. CHILD'S RELIGION**Please tick ONLY ONE of the following categories**

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> Not disclosed
<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Not Known
<input type="checkbox"/> Christian (RC)	<input type="checkbox"/> Muslim	<input type="checkbox"/> Other Please provide details _____
<input type="checkbox"/> Hindu	<input type="checkbox"/> None	

9. NATIONAL IDENTITY

Please tick ONLY ONE of the following categories

<input type="checkbox"/> British	<input type="checkbox"/> Scottish	<input type="checkbox"/> Not Known
<input type="checkbox"/> English	<input type="checkbox"/> Welsh	<input type="checkbox"/> Other
<input type="checkbox"/> Northern Irish	<input type="checkbox"/> Not Disclosed	

If other, please provide details:

10. DECLARATION

I declare that the information on this form to be correct to the best of my knowledge.

Parent/Carer Name (Please print):

Signature:

Date:

Data Protection

The processing of your personal information by City of Edinburgh Council is carried out in accordance with the Data Protection Act 2018. The information contained within this form will be used to process your application for early learning and childcare. Where appropriate, we may have to share information with other departments and agencies working with or on behalf of City of Edinburgh Council

11. THIS SECTION TO BE COMPLETED BY NURSERY/SCHOOL STAFF

To be completed by Nursery staff for all applications

Funding start date: ____ / ____ / ____ Completed by:

No. of hours per week: _____ Date:

Proof of Birth seen: Yes No (*Preferably Birth Certificate*)

Birth Certificate Number: ____ / ____ / ____

The birth certificate number is in 3 parts – District/Year of birth/Entry No. e.g. 763/2013/123 (Scottish) or LON/2013/123 (other)

Or Passport Number: _____ (*in exceptional circumstances only*)

To be completed by the Nursery/Playgroup for applications for Terrific 2s Only

Proof of qualifying Benefit seen: Yes No

Other qualifying criteria _____

**THIS FORM AND RELEVANT DOCUMENTATION SHOULD BE RETURNED
TO THE NURSERY**

EARLY LEARNING & CHILDCARE APPLICATION FORM

Completion Advice Note for parents/Carers

Identification Documents

You are required to provide your **child's birth certificate** or in exceptional circumstances, their passport. Please take this to the nursery when you submit the application. This will create a unique identification record for your child.

We also require **proof of your child's home address**, usually a Council Tax Letter or Utility Bill which should also be bring with the application

If you are applying for a Terrific 2 year old, you will also be required to bring proof of parent/carers benefit e.g. Award Letter (**see section 3**)

NB – Your application will not be accepted if this information is not provided.

Funding eligibility

Children become eligible to receive funding for early learning and childcare usually in the term after their 3rd birthday or week after they turn 2 for Terrific 2's. Please refer to the table below:

Date of Birth Falls Between	Eligible from
1 March – 31 August	August (Autumn Term)
1 September – 31 December	January (Spring Term)
1 January – 28 February	April (Summer Term)

For 3 to 5-year olds it may be possible to split your child's nursery entitlement between a local authority and private nursery, however both centres must agree with this arrangement. Priority for funding will be given to the local authority centre.

Child Health Information

If you answer **YES** to any of the questions in this section, please provide full details. To help the nursery understand and provide for your child's needs, please tell us about any additional needs your child may have and about other professionals who may be involved with them.

Please make sure that contact details are provided for the child's Doctor.

Ethnic Background

We have a responsibility to offer an education service that meets the needs of all children. The information we ask you to provide will be treated as private and confidential.

Terrific 2 Year olds

For more information and a list of nurseries providing Terrific 2's places go to [Nursery places for two-year olds](#)

All application forms must be taken to the 1st choice nursery along with the following:

- *Child's Birth Certificate or in exceptional circumstances only the Passport*
- *Proof of Child's Home Address – e.g. Council Tax Letter or Utility Bill*

Terrific 2 year olds Applications must also submit:

- *Proof of parent/carers benefit, e.g. Award Letter (see section 3)*

NB – Applications cannot be accepted if this information is not provided

For a list of Local Authority nurseries/partner providers providing Terrific 2's places if available please see below links

Local Authority - [For two year olds – The City of Edinburgh Council](#)

Partner Provider - [Partner provider nurseries – The City of Edinburgh Council](#)

