

Please complete in block capitals or typeface

Child Details

| | | | |
|-----------------------|--|---------------------|--|
| First Name: | | Surname: | |
| Date of Birth: | | Nationality: | |
| Gender: | | | |

Sessions Required:

The minimum attendance requirement is **Students/Staff: 3 sessions** and **External: 4 sessions** per week.

Sessions times **AM: 8AM to 1PM, PM: 1PM to 5.45PM.**

| Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|---------------|----|----------------|----|------------------|----|-----------------|----|---------------|----|
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| | | | | | | | | | |

| | | |
|---|-----|----|
| Are you prepared to accept sessions other than those ticked above? | Yes | No |
| Date of entry required: | | |

Child's Health Information

| | | |
|---|-----|----|
| Any medical condition, special educational needs (SEN) or disability? | Yes | No |
| If yes, please provide details: | | |
| | | |
| If yes, has there been a professional assessment identifying a disability/SEN? | Yes | No |
| Any medically diagnosed allergies? | | |
| | | |

Office Use:

| | | | |
|---|-----------|-----------------------|-------------------------|
| Acknowledged: (Initials and Date) | | Date of Entry: | |
| Age Group: | Under 2's | Toddlers | Pre-School |
| Status: | Student | Staff | External |
| Sibling Application: | Yes | No | Name of Sibling: |
| | | | |

Parent/Carer 1 (Primary Contact) Details:

| | | | |
|--------------------------------------|--|----------------------------------|--|
| Mr/Mrs/Miss/Dr/Other: | | Surname: | |
| First Name: | | | |
| UK Address: | | | |
| | | Postcode: | |
| Mobile Phone: | | Email: | |
| Occupation: | | | |
| Please select as appropriate: | University of Southampton Student / Staff / Alumni Or External to the University | Student/Staff/ Alumni Number: | |
| University Department/Place of Work: | | | |
| Work Contact Details Phone/Email: | | | |

Parent/Carer 2 Details:

| | | | |
|--------------------------------------|--|----------------------------------|--|
| Mr/Mrs/Miss/Dr/Other: | | Surname: | |
| First Name: | | | |
| UK Address: | | | |
| | | Postcode: | |
| Mobile Phone: | | Email: | |
| Occupation: | | | |
| Please select as appropriate: | University of Southampton Student / Staff / Alumni Or External to the University | Student/Staff/ Alumni Number: | |
| University Department/Place of Work: | | | |
| Work Contact Details Phone/Email: | | | |

Privacy Notice: The University's Early Years Centre engage in the provision of childcare services for your child/children. We value your privacy and we recognise the need to process both you and your child's/children's data appropriately. The University of Southampton Early Years Centre Privacy Notice can be found on our website. ([Privacy Notice](#))

Declaration: If my child is accepted I agree to pay the fees monthly in advance. I also agree to give 4 weeks' notice in writing to the Early Years Centre if I wish to reduce my sessions or to terminate the use of the Centre. I note that fees will be due for a period of FOUR weeks from the date notice is given, regardless of whether my child attends during this time.

| | | | |
|-------------------------|--------|----------------|--|
| I am the above child's: | Parent | Legal Guardian | |
| Signed: | | Date: | |

The university reserves the right to reject the application for admission of an individual child



Find out more

For further information please visit our website via the QR code, visit www.southampton.ac.uk/earlyyearscentre or call us on 023 8059 3465.

