

FOR OFFICE USE ONLY		
REFERENCE NUMBER	COHORT GROUP	

# **CHILD APPLICATION FORM**

Please complete a return the form to be added to our application list.

Please print information clearly in BLOCKED CAPITALS.

	Please print information clearly in BLOCKED CAPITALS.			
	Please circle category of	UNDER 2	PRE-SCHOOL	
	application:	YEARS	(2-4 YEARS)	
CHILD'S FIRST NAM	ΛE:	CHILD'S SURI	IAME:	
DATE OF BIRTH:		GENDER:		
Please indicate	e if any of the following apply to	you so we can pric	oritise your application	correctly:
Do you have anoth	er child who attends/attended	Boomerang Kids	? YES	NO
If yes, provide siblii	ngs name:		Group:	
Is your child adopte	ed?		YES	NO
Is your child fostere	ed?		YES	NO
	ve any additional needs? If yes, section at the end of this form	•	YES	NO
Does your child have	ray YES	NO		
form attached.	ve uny unergies: ij yes, pieuse (	complete the une	rgy 1L3	NO
	Have you recently moved to the area?			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES	NO
PARENT NAME(S):				
ADDRESS:			POSTCODE:	
EMAIL:				
CONTACT NUMBER	₹:			
REQUESTED START	DATE:		AGE AT ENTR	RY:
NB. Start dates may be	part way through a month.			
How did you hear	about us?			

Boomerang Kids Saltdean Oval Park Arundel Drive West Saltdean BN2 8SJ 01273 390900 info@boomerang-kids.co.uk or waiting.list@boomerang-kids.co.uk www.boomerang-kids.co.uk Registered charity number 1096356











### PLEASE SELECT EITHER OPTION 1,2 OR 3 BELOW

Please see our Attendance Packages for further details on each option.

## OPTION 1 ALL INCLUSIVE FLEXIBLE 15/30 HOURS

Minimum requirement for 15 hours funding: 2 sessions per week Minimum requirement for 30 hours funding: 3 sessions per week

I understand that the All Inclusive flexible 15/30 hour option gives me the best value for money, and I agree to OPT IN to paying the voluntary contributions for consumables, activities and food as per Boomerang Kids 'Consumables & Activities Contribution policy' and 'Provision of Food Policy'

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-3.30pm					
I require a 7.30am					
start on these days:					

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-6.00pm					
I require a 7.30am start on these days:					

	FULLY FUNDED JUST 15/30
nours funding 🗆 - One 8.	.00am-6.00pm session will be allocated

**15-hours funding**  $\Box$ **-** One 8.00am-6.00pm session will be allocated to you based on our sustainability place planning.

**OPTION 2** 

**30-hours funding**  $\square$ - Two 8.00am-6.00pm sessions will be allocated to you based on our sustainability place planning.

I confirm that I am flexible with the days my child attends and understand these days are allocated to me and subject to change with one terms' notice.  $\Box$ 

If you chose our Fully Funded option, we will contact you to explain how you can voluntarily contribute towards the extra services Boomerang Kids provides such as meals, snacks, enhanced activities and consumables.

Boomerang Kids Saltdean Oval Park Arundel Drive West Saltdean BN2 8SJ 01273 390900 info@boomerang-kids.co.uk or waiting.list@boomerang-kids.co.uk www.boomerang-kids.co.uk Registered charity number 1096356



### OPTION 3 BUILD YOUR OWN

Minimum requirement to claim 15 hours funding – three 8.00am-3.30pm sessions per week

Minimum requirement to claim 30 hours funding – four 8.00am-3.30pm or three 8.00am-6.00pm sessions per week

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-3.30pm					
I require a 7.30am start on these days:					

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00am-6.00pm					
I require a 7.30am start on these days:					

NON FUNDED HOURS WILL BE CHARGED AS PER BOOMERANG KIDS PRICELIST. PLEASE INDICATE WHICH CONSUMABLES YOU WOULD LIKE TO OPT IN TO.	Please tick if you agree to OPT IN
I would like to <b>OPT IN</b> to paying the voluntary contributions for <b>consumables</b> as per Boomerang Kids	
Consumables & Activities Contribution Policy and pricelist	
I would like to <b>OPT IN</b> to paying the voluntary contributions for <b>activities</b> as per Boomerang Kids	
Consumables & Activities Contribution Policy and pricelist	
I would like to <b>OPT IN</b> to paying the voluntary contributions for <b>meals and snacks</b> as per Boomerang Kids Provision of Food Policy and pricelist	
I would like to <b>OPT IN</b> to paying for additional non funded hours as per Boomerang Kids pricelist	

Does your child attend another nursery/pre-school/childminder? YES / NO	
If yes, please advise the name of the setting:	

**<u>FUNDING</u>** — Please select which funding you are entitled to. If you are unsure, you can check your eligibility at www.childcarechoices.gov.uk

<b>15 hours 2-Year Disadvantaged funding</b> – some families receiving certain benefits or	
who have low income are entitled to this from the term after their child's second birthday	[
<b>15 hours Universal funding</b> - all children are entitled to this from the term following	
their third birthday	1
<b>30 hours funded childcare</b> – most working families are entitled to this from the term	
after their child turns 9 months	1

Boomerang Kids Saltdean Oval Park Arundel Drive West Saltdean BN2 8SJ 01273 390900 info@boomerang-kids.co.uk or waiting.list@boomerang-kids.co.uk www.boomerang-kids.co.uk Registered charity number 1096356











#### **DECLARATION:**

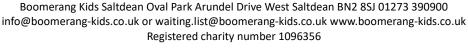
- I wish to add my child's details to Boomerang Kids waiting list and understand that going on the list is no guarantee of a place.
- I understand that our details may be stored on a computer in accordance with the General Data Protection Regulation (GDPR)
- I have read and agree with the storing of my and my child's data in accordance with Boomerang Kids GDPR Privacy Notice, dated February 2025, found on our website.
- I confirm I have read and agree to the terms in Boomerang Kids Consumables & Activities Contribution Policy and Provision of Food Policy

SIGNED:	DATE:
PRINT NAME:	

#### THE NEXT STEP:

You will receive an acknowledgement by email for your application. The nursery will only contact you to clarify any of the above information or once a place becomes available.

If any of your details change or you no longer wish to be held on the application list, please let us know.





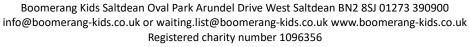








NOTES:





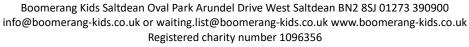








NOTES:















CHILDS NAME:		
GROUP:		
DAYS CHILD ATTENDS:		
DATO CITED ATTENDOS		
MY CHILD HAS THE FOLLOWING ALLERGIES / INTOLERANCES / PREFERENCES (including vegetarian):		
IF YOUR CHILD HAS AN ALLERGY OR INTOLERANCE PLEASE SELEC	CT FROM THE FOLLOWING 14 ALLERGENS:	
NB: If your child is allergic to lactose, their allergen is dairy, as lact	tose is an ingredient found in dairy/milk products.	
DAIRY cows milk, yogurt, cheese, cream, milk powder	CRUSACEANS crab, lobster, prawns, crawfish	
EGGS	LUPIN	
CELERY	MOLLUSKS	
FISH	NUTS	
MUSTARD	PEANUTS	
SOYA	SESAME SEEDS	
CEREALS CONTAINING GLUTEN wheat, rye, barley,	SULPHUR DIOXIDE aften added to dried fruits	
oats		
THIS HAS BEEN CONFIRMED BY A GP/MEDICAL PROFESSIONAL -	SEE ATTACHED DOCUMENTS PLEASE TICK	
DISASS DETAIL THE SOOD AND OR DRIVES THAT YOUR CHILD C	ANNOT HAVE	
PLEASE DETAIL THE FOOD AND/OR DRINKS THAT YOUR CHILD CA	ANNOT HAVE:	
ND: if your child has an allorgy or intolorance, they must be kent of	completely free from this allergen within the nursery cotting	
NB: if your child has an allergy or intolerance, they must be kept completely free from this allergen within the nursery setting.		
PLEASE GIVE DETAILS OF THE TYPE OF REACTION/SYMPTOMS THAT YOUR CHILD DISPLAYS IF ANY OF THE ABOVE ARE		
CONSUMED:		









IN THE SUSAIT THAT YOUR CHURD CONCURSES ANY OF THE ADOL	TE ITEMS DI FACE CIVE DETAILS OF THE TREATMENT THAT	
IN THE EVENT THAT YOUR CHILD CONSUMES ANY OF THE ABOVE ITEMS PLEASE GIVE DETAILS OF THE TREATMENT THAT		
SHOULD BE GIVEN:		
I confirm that I will keep the nursery staff informed if any of the needs or allergies detailed on this form		
change or are no longer applicable.		
PARENTS SIGNATURE:	DATE:	
PARENTS SIGNATURE:	DATE:	
PARENTS NAME: (PLEASE PRINT)		

### **Data Protection:**

The information contained on this form will be used solely for the purpose of identifying dietary needs and sharing information with staff to enable them to care for your child effectively. It will be stored either on paper records or a computer system in accordance with the General Data Protection Regulation (GDPR).









