

Early Learning and Childcare Application 2025 / 2026

Application forms WILL NOT be accepted without a copy of your child's birth certificate and proof of your address in the form of a council tax statement/utility bill (gas/electric only) / tenancy agreement / lawyer letter – completion of a house purchase.

- Only one application form should be completed per child unless applying for a split / blended place.
- If applying for a split / blended place you are required to submit a form to each provider.
- Application forms must be returned to the provider of your first choice.
- PLEASE REFER TO THE GUIDANCE NOTES TO ASSIST YOU IN COMPLETING THIS APPLICATION

SECTION 1a

1a

CHILD DETAILS - This information must replicate the information on the child's birth certificate

Forename(s)			Known as			
Surname			Date of Birth	/	/	Gender
						M F
House / Flat Number, Street Name				Town		
				Post Code		
Nationality			Ethnic Origin			
Language(s) spoken			Religion			
Asylum Status (please tick)	<i>Asylum seeker</i>		<i>Refugee</i>		<i>Not Applicable</i>	

1b

FAMILY DETAILS – PARENT - This information must replicate the information on the child's birth certificate

Title		Forename(s)		Surname	
Relationship to child				Phone Number	
E-mail					

ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS

House / Flat Number, Street Name		Town	
		Postcode	

FAMILY DETAILS – PARENT - This information must replicate the information on the child's birth certificate

Title		Forename(s)		Surname	
Relationship to child				Phone Number	
E-mail					

ONLY COMPLETE IF DIFFERENT FROM CHILD'S ADDRESS

House / Flat Number, Street Name		Town	
		Postcode	

1c

HEALTH INFORMATION / PROFESSIONAL AGENCIES				
Does your child have any long- term illness, medical condition or disability?		Yes		No
If yes, please provide full details / information on the long- term illness, medical condition or disability; PLEASE DISCUSS THIS WITH THE PROVIDER WHEN SUBMITTING THE APPLICATION FORM				
Is there a professional assessment identifying long- term illness, medical condition or disability?		Yes		No
If yes, please provide copies of the professional assessments along with the application form.				
Does your child have any clinical dietary requirements; Please state and discuss when submitting this form: - e.g., allergy to eggs / dairy / nuts / gluten intolerance				
Health Professional Details				
Doctor Name		Address		
Practice				
Health Visitor Name		Address		
Practice				
Has your child had any involvement with a professional agency with regards to				
	PROFESSIONAL CONTACT NAME			
Speech and Language				
Behaviour				
Co-ordination/ Movement				
Sight				

1d		
Please state any professional agency involved with the child or family		
AGENCY	CONTACT NAME	
Social Work		
Community Health		
Educational Psychologist		
Any other Agency	Name:	Agency:
	Name:	Agency:
	Name:	Agency:

SECTION 2			
2a			
SIBLINGS IN EARLY LEARNING AND CHILDCARE ESTABLISHMENT (Please give details of any siblings who already attend the ELC setting ONLY)			
Sibling Name		Date of Birth	
Sibling Name		Date of Birth	
Sibling Name		Date of Birth	

2b	
INTENDED PRIMARY SCHOOL	
Please state the name of the Primary School you intend to send your child to	
Name of Primary School	

SECTION 3						
CHILD'S NAME				DATE OF BIRTH		
You must indicate at least 3 choices in priority order of establishment and model of attendance. Please note, we aim to ensure preferred choices are allocated, however there is no guarantee of this.						
LOCAL AUTHORITY ELC DEFINED AREA ESTABLISHMENTS	Please indicate provider in order of preference 1 st / 2 nd / 3 rd	Model 1	Model 2	Model 3	Model 4	Model 5
		Mon – Fri 6 hours per day over 38 wks Over term time	2 ½ days Mon & Tues Wed (am) / Over extended year	2 ½ days Wed (pm) Thu – Fri / Over extended year	5 x am. Mon – Fri / Over extended year	5 x pm Mon – Fri / Over extended year
		Please indicate model in order of preference 1 st / 2 nd / 3 rd / 4 th / 5 th where available				
ELC DEFINED AREA 1						
Kilmacolm Nursery Class						
Rainbow Family Centre						
Newark Nursery School						
St Francis Nursery Class						
St John's Nursery Class						
Gibshill Children's Centre						
ELC DEFINED AREA 2						
King's Oak Nursery Class						
Blairmore Early Learning Centre						
Hillend Children's Centre						
Glenbrae Children's Centre						
ELC DEFINED AREA 3						
Wellpark Children's Centre						
Whinhill Nursery Class						
Whinhill Gaelic Nursery Class						
Glenpark Early Learning Centre						
ELC DEFINED AREA 4						
Lady Alice Nursery Class						
Bluebird Family Centre						
St Joseph's Nursery Class						
Larkfield Early Learning Centre						
Aileymill Nursery Class						
ELC DEFINED AREA 5						
Moorfoot Nursery Class						
Binnie St Children's Centre						
ELC DEFINED AREA 6						
Inverkip Nursery Class						
Wemyss Bay Nursery Class						

FULL TIME WITH CHILDMINDER FOR ALL ENTITLED ELC HOURS	
Please state Childminder Name	

BLENDED CARE MODEL – CHILDMINDER & PVI NURSERY or LOCAL AUTHORITY ESTABLISHMENT					
A blended care place will be delivered as term time and will be 15 hours at each provider. Please discuss directly with your childminder their availability. Example 1: Blended 1 - 9am - 3pm Mon & Tues & 9am - 12pm / Wed Example 2: Blended 3 - 9am - 12pm / Mon - Fri					
Childminder Name					
<i>Please indicate days / hours</i>	Monday	Tuesday	Wednesday	Thursday	Friday
1st choice					
2nd choice					
3rd choice					
PREFERENCE ORDER					
PLEASE STATE – PVI Nursery / Local Authority establishment - You must indicate at least 3 choices of provider.					
1st choice					
2nd choice					
3rd choice					
Please indicate 1 st / 2 nd / 3 rd order choice in a PVI Nursery / Local Authority establishment					
Blended 1- Term Time	Blended 2 – Term Time	Blended 3 / Term Time	Blended 4 / Term Time		
Mon & Tues full day / Wed (am)	Wed (pm) / Thu & Fri full day	5 x am Mon – Fri	5 x pm Mon - Fri		

PRIVATE / VOLUNATARY / INDEPENDENT NURSERY		
Battery Park Nursery		You must contact the provider directly to discuss their delivery models / times of sessions / weeks per year before choosing as an option.
Duchal Nursery		
Happitots Nursery (Inverkip)		
Madeira Nursery		
Kidology Nursery		
Wellington Children's Centre (Gourock)		
Wellington Children's Centre (Greenock)		
St Columba's Nursery Class (Junior School, Kilmacolm)		St Columba's Nursery Class have their own admissions process. You must contact and apply to them directly. This establishment cannot be chosen as a 2 nd or 3 rd option.

SECTION 4									
PLEASE READ THIS INFORMATION AND INITIAL EACH BOX BEFORE SIGNING THE DECLARATION BY APPLICANT BOX BELOW									Initial
<p>You must take along your child's birth certificate and proof of address when submitting this application form. Application forms will not be accepted without this proof. (We will only accept - council tax statement / tenancy agreement or lawyer letter - completion of house purchase as proof of residing address). Only in exceptional circumstances will we accept another form of official proof of address. This must be agreed by Education Services before submission.</p>									
<p>Local Authority Early Years establishments are split into ELC defined areas (they are grouped in each defined area on the application form). All applications are based on the residing address. ELC defined areas are different to school catchments. Your residing address will always be used when allocating ELC places.</p>									
<p>All ELC allocations are prioritised in line with Inverclyde Council Admissions Policy which is available on the Inverclyde Council Website.</p>									
<p>If there is a sibling who attends a Primary School that has a nursery class attached – this does not give the ELC application any higher priority.</p>									
<p>Individual childcare arrangements that are in place cannot be considered as the residing address.</p>									
<p>If you choose a Local authority establishment out with your defined area, your application will be lower down the priority against any application that resides within that defined area. We will only consider applications from out with a defined area after the Post Admissions panel has been completed and if we have capacity to do so across a ELC defined area.</p>									
<p>If you are not allocated your first choice / any choice establishment /model your application will be recorded for that academic year only. If still wish to request a change in the next year a transfer/amendment form must be completed. This transfer form will be presented at the following year's admissions panel. There is no guarantee that any transfer / amendment will be granted.</p>									
<p>Only one application should be submitted - only exception is if you are applying for blended ELC at two providers - If there are multiple applications submitted as a first-choice different providers, Inverclyde Council will take the last dated application and all other will be destroyed.</p>									
DECLARATION BY APPLICANT									
<p>The information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with GDPR (EU) 2016/679 and will be held by Inverclyde Council's Education Services. Please assist us by telling the setting promptly if any of this information changes. Education Services, as part of Inverclyde Council, may share any information you give us with other Inverclyde Council Services or Government departments as required by law where relevant for their purpose i.e. Census information. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do not sell or rent information to anyone.</p> <p>I certify that, to the best of my knowledge, the information contained in the above Early Learning & Childcare Application Form is correct. I understand that if I give false information it will put at risk any place offered. I agree to inform the provider of any changes to my circumstances as this may also affect any place offered.</p>									
Applicant Signature							Date		
FUNDED PROVIDER USE ONLY – MUST BE FULLY COMPLETED									
BIRTH CERTIFICATE INFORMATION					PROOF OF ADDRESS (please tick proof provided)				
District		Year		Entry No		Council tax statement		Utility Bill	
Date application received			Band recommended			Tenancy Agreement		Lawyer letter - completion of house purchase	
						OTHER – Must be agreed by Education Services			
APPLICATION RECEIVED AND CHECKED BY									
PRINT STAFF NAME						DATE			