

**Application Form for the Wendy House Nursery**

***Wendy House Nursery, Princess Royal Hospital,***

***Lewes Road, Haywards Heath, RH16 4EX. Telephone: 01444 441881 Ext 68451***

***Email:*** [***uhsussex.nurseries@nhs.net***](mailto:uhsussex.nurseries@nhs.net)

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| --- | --- | --- | --- |
| **Child’s Name:** |  | | |
| **Date of Birth / Expectant Date of Delivery:** |  | | |
| **Parents Name:** |  | | |
| **Address:** |  | | |
|  | **Postcode:** |  |
| **Email Address:** |  | **Telephone No:** |  |
| **Mobile No:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Details:**  (If in receipt) | |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | 9-month-old Funding (15hrs) |  |  | | 2 Years Funding (15hrs) |  |  | | 3-4 Years Early Years Funding Entitlement (15hrs) |  |  | | 3-4 Years Early Years Funding Entitlement (15hrs) |  |  | | Receipt of Disability Living Allowance |  |  | |

**Employment Details:**

*Please provide employment information:*

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| UH Sussex NHS FT Name of Department AFC Staff Banding |
| Other NHS Organisation Name of Organisation & Dept AFC Staff Banding |
| Other Please Provide Details |

**Details of Sessions**

*We provide morning and afternoon sessions of 4.5hrs or a Full Day (up to 9hrs session information on). Please select the* ***Days and Times*** *you would require.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** | | | **Tuesday** | | | **Wednesday** | | | **Thursday** | | | **Friday** | | |
| am | pm | FD | am | pm | FD | am | pm | FD | am | pm | FD | am | pm | FD |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Please Provide Details of the times required:** | | | | |  | | | | | | | | | |
| **Date Commencing of Nursery Place:** | | | | |  | | | | | | | | | |

Signed: Print: Date:

**I enclose cash/cheque (made out to Wendy House Nursery) in respect of the Registration Fee of £10 (non-refundable)**

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| **Office Use Only**    Date received Follow up dates |

**University Hospitals Sussex NHS Foundation Trust Nurseries Fee Charges**

**From September 2024**

|  |  |  |  |  |  |  |
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| ***NHS Agenda for Change Bands*** | | | | | | |
|  | ***2 to 4*** | ***5 & 6*** | ***7*** | ***8*** | ***9*** | ***Non-NHS*** |
| *Day Session Rate (up to 9hrs)* | £46.00 | £47.50 | £50.00 | £54.00 | £57.00 | £56.50 |
| *Half Day Rate (up to 4.5hrs)* | £23.00 | £23.75 | £25.00 | £27.00 | £28.50 | £28.75 |
| *Hourly rate for funding* | £5.12 | £5.28 | £5.56 | £6.00 | £6.34 | £6.28 |

* Nursery Places are prioritised for UHSussex NHS FT employees. *Note The fee rate will be taken by the parent with the highest NHS AFC Band (including Doctors & Dentists)*
* Charges of nursery sessions will apply for a Childs’ holiday and sickness absence.
* A charge of a Full day session is for attendance of 5 hours plus.
* Attendance above a Full Day session (subject to availability) will have an additional hourly charge added as per fee band.
* Sessions ending at 18.00 are for NHS staff only (subject to job role) and capped per day.
* Children receiving Early Years local Authority Funding will be charged their normal hourly rate per fee band outside the funded period.
* A refund of charges will apply for Bank Holidays, Christmas Closure, Staff Training Days or in exceptional circumstances when the nursery has to restrict attendance.

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| **Sessions Available** | | | | | |
| Full Day Session Times | | Morning Session Times | | Afternoon Session Times | |
| 7:00 | 16:00 | 7:00 | 11:30 | 12:30 | 17.00 |
| 7:30 | 16:30 | 7:30 | N/A | 13:00 | 17:30 |
| 8:00 | 17:00 | 8:00 | 12:30 | 13:30 | 18:00 |
| 8:30 | 17:30 | 8:30 | 13:00 |  |  |
| 9:00 | 18:00 | 9:00 | 13:00 |  |  |

Please note afternoon session may be limited dependent on age group