Southampton City Council – record of children for whom nursery education funding is being claimed for the first time, or after a break. Please photocopy master copy for use with each claim. **A copy of a signed parental declaration form for each child should accompany this form**. Please print clearly.

Name of Provider……..…….

Legal Surname of Child	Legal First name	Male or Female	Date of Birth (dd/mm/yr)	Legal Surname of Child	Legal First name	Male or Female	Date of Birth (dd/mm/yr)

Signature(Manager of Provider)……Print Name……Date……..