

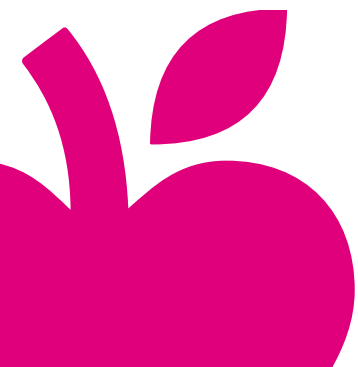
# Healthy Under 5s Application Form



Healthy  
Under 5s

Name of setting:	
Manager Name:	Programme Contact Name:
Address:	Telephone:
	Email:
	Website:
	Facebook:
	Twitter:

Type of setting (please tick)			
Pre-School	<input type="checkbox"/>	Childminder	<input type="checkbox"/>
Day Nursery	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>



Food Provision (please tick)			
Breakfast		Snacks	
Lunch		Drinks	
Dinner / Tea		Packed Lunches	
Employed Cook		Other clubs	
Outside Caterers (please specify)			

Numbers in the setting	Children:		Staff:
Opening times			
Session times			
HEY	Yes	No	
Nippers	Yes	No	Level:
Parking			
Children's Centre Teacher			

**Please send completed application form to:**  
[Healthyunder5s@cornwall.gov.uk](mailto:Healthyunder5s@cornwall.gov.uk)

