

**Application for Admission to Newdigate Pre-School 2021/22**

**Newdigate Pre-School**

**Village Street**

**Newdigate**

**Surrey**

**RH5 5DJ**

**01306 632882**

**hello@newdigatepreschool.co.uk**

In order to be considered in the initial allocation of Pre-School places this form should be returned to Newdigate Pre-School before the application deadline date for the term you wish them to attend. This can be found in the admissions policy.

* Please note that completing this form does not guarantee a place
* Governors will consider applications received by the deadline date in accordance with the Pre-School’s admissions policy
* Please read the Pre-School’s Admissions policy before completing this form
* If you believe you meet the criteria for 30 hours free entitlement for 3 & 4 year old children, you must obtain an 11-digit eligibility code from HMRC. We need this code before we can offer a 30 hour place in the Pre-School. Additional information can be found on the Surrey County Council website: https://www.surreycc.gov.uk/people-and-community/families/childcare/paying/30-hours-funded-childcare-for-working-parents
* Please fill in the form in block capitals and sign it
* Please return the form to the Pre-School before the application deadline date
* You will be notified by the Pre-School if your child has been allocated a place after the closing date
* Please contact the Pre-School if you have any queries concerning completion of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Child’s Details** | | | |
| Child’s Last Name: |  | | |
| Child’s First and Middle Names: |  |  | |
| Child’s Date of Birth : | …/……/…… | Gender: Male/Female | |
| How old will your child be in  September 2021? | ……………Years ……………Months | | |
| Which term would you like your child to start Pre-School? | Autumn / Spring/ Summer term  ( please delete as appropriate) | | |
| Child’s Home address:  (this must be the child’s normal place of residence and not a  relative or carer’s address) | Postcode: | | |
| Medical and dietary information | Has your child been immunised for:  Polio yes/no 3 in 1 yes/no HIB yes/no MMR yes/no | | |
| Doctor’s name and address: | Name:  Address:  Telephone no: | | |
| Does your child take any regular medications? | Please give details: | | |
| Does your child have any allergies/intolerances? | Please give details: | | |
| Does your child have any illnesses/conditions? | Please give details: | | |
| Does your child have any dietary requirements? | Please give details: | | |
| Does your child have any special educational needs/disabilities? | Please give details: | | |
| May we have permission for your child to receive doctor or hospital treatment if we are unable to contact you? | Yes/No | | |
| **2. Preference Details**  Please tick under which criterion you are applying for a Pre-School place | | | Please tick  in this column |
| **Looked after and previously looked after children**  ( if the child is already in public care of a local authority or has previously been in care, please state which Local Authority and provide evidence with your form):  ………………………………………………………………………………………………………………………………………… | | |  |
| **Where there is a social or medical need for a place at the Pre-School**  (E.g. does your child have any special education needs, special social needs or a disability?  Are they supported by Social Services, a Speech Therapist, Educational Psychologist, Portage or Child and Family Guidance? An application will not be considered under this criterion unless independent evidence is provided. As such, please provide further details together with any relevant documentation):  ……………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………… | | |  |
| **Where a child has a sibling attending the main school at the time of admission or is expected to have a sibling attending the main school.**  Please provide name(s) and date(s) of birth of siblings and year group(s)  expected to be in at September 2021  1. Name ……………………………………………………………Year Group………  2. Name……………………………………………………………Year Group…… | | |  |
| **Children who will turn 4 years old between 1 September 2021 to**  **31 August 2022** (this is to give priority to older children who will be due to transfer to Reception in the next academic year and hence only have one year left to attend Pre-School). | | |  |
| **Children who will be 3 years old between 1 September 2021 and 31 August 2022** (these children will be able to stay on in Pre-School for another year in 2021/22 as they will not be due to start Reception until September 2023). | | |  |
| **Children who will are eligible for FEET funding the term after their**  **2nd Birthday** (these children will be able to stay on in Pre-School for two further years in 2021/22 and 2022/23 and will be due to start Reception in September 2024  **FEET Application No: ………………………………………………………………** | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.Parents/ Guardians/Carers details** | | |  | | |  |
| Title: | | Mr/Mrs/Miss/Ms/…………... | | | | Mr/Mrs/Miss/Ms/…………... |
| Last Name: | |  | | | |  |
| First Name: | |  | | | |  |
| Relationship to Child: | | Mother / Father / Step Parent / Foster Parent / Social Worker / Other family  member / Other Contact\*/ Other Relative\*  \*Please provide details  ………………………………………………………………... | | | | Mother / Father / Step Parent / Foster Parent / Social Worker / Other family member / Other Contact\*/Other Relative\*  \*Please provide details  ……………………………………………………………………………. |
|  | |  | | | |  |
| Address:  (if different from that of  the child given overleaf) | | Postcode | | | | Postcode |
| Daytime telephone  number: | |  | | | |  |
| Mobile telephone  number: | |  | | | |  |
| Email address: | |  | | | |  |
| National Insurance number:  (This enables us to check if your child is eligible for early years pupil premium) | |  | | | |  |
| Name and ages of all brothers and sisters (if any), including step brothers and sisters living in the same  family unit | | Name: DOB:  1. …………………………………………  2. …………………………………………  3. ………………………………………… | | | | |
| Which parent/carer does the child normally live with? | | | | | | |
| Who has parental responsibility? | | | | | | |
| Does anyone else have legal contact with the child? | | | | | | |
| Language(s) spoken by the child at home: | | | | | | |
| Is there any additional information you would like to share? | | | | | | |
| Please give details of at least one emergency contact other than the parents:  Name: Relationship to child:  Telephone no:  Name: Relationship to child:  Telephone no: | | | | | | |
| Password to be used on collection: | | | | | | |
| Is your child attending another Pre-School at present? Will you be leaving this Pre-School if you are successful in your application to our Pre-School? Please give details of this and funding being claimed if applicable. | | | | | | |
| **Additional information needed for children claiming 30 hours free childcare**  All children who receive the extended free entitlement provision at Newdigate Pre-School for 30 hours per week are allocated a core offer of 15 hours which will be reverted to in the event of a child’s eligibility for this entitlement ending. At this point in time parents will either have the option to directly fund the additional 15 hours per week themselves (refer to the Terms and Conditions document) or reduce their child’s Pre-School provision to the core offer of 15 hours. **Note**: Core offer session days will be discussed and agreed at the time any change needs to be made. | | | | | | |
| **Parent/carer National insurance number** |  | | | | **30 hours eligibility code (11 digits)** | |
| **4. Pre-School provision options** | | | |  |  | |
| **The following are the options for Pre-School sessions for FEE\*/ FEET\*/30 hour childcare/fee paying 2 year olds and additional hours:** | | | | | **Please choose your preferences by stating 1st, 2nd, 3rd, 4th and 5th** | |
| 1.Monday and Tuesday for 6 hours and Wednesday morning for 3 hours.  Totalling 15 hours per week. | | | | |  | |
| 2. Wednesday afternoon for 3 hours and Thursday and Friday for 6 hours.  Totalling 15 hours per week. | | | | |  | |
| 3. Five days (Monday-Friday), all 30 hours free due to eligibility for 30 hours free entitlement, (subject to availability) Eligibility confirmation code shown above) | | | | |  | |
| 4. Five days (Monday to Friday) but not eligible for 30 hours, so 15 hours funded and 15 hours fee paying. | | | | |  | |
| 5. Mornings only (Monday to Friday) 3 hours per day  Totalling 15 hours per week | | | | |  | |
| **Additional provision** | | | | | **Please indicate** | |
| I am interested in extra sessions on top of the core 15 hours e.g. an extra session on a Wednesday afternoon. These sessions will be charged at our sessional rate based on your child’s age (subject to availability) | | | | | Yes/No  Preferred extra sessions: | |
| I am interested in Breakfast Club (subject to availability). | | | | | Yes/No  Preferred breakfast club sessions: | |
| **All places will be allocated in accordance with Newdigate Pre-School’s Admissions policy.**  Note: Preferences cannot be guaranteed as sessions are allocated subject to availability. This may result in your child being offered a place in either one of the session options outlined. | | | | |  | |
| **5. Permissions** | | | | | | |
| May we have permission for your child to travel in a car? (e.g. in an emergency/outing) Yes/No | | | | | | |
| May we have permission for your child to be photographed/videoed by a member of staff for the Pre-School’s use only? Yes/No | | | | | | |
| May we have permission for your child to be photographed/videoed by a member of staff and parents at Pre-School specific events? (Parents will be asked not to share images of other people’s children on their social media) Yes/No | | | | | | |
| Do you give permission for your child to be photographed by journalists of local publications when they report on specific Pre-School or village events? Yes/No | | | | | | |
| If your child is attending or has recently attended another setting do we have permission to contact them? Yes/No  Please give details of the setting(s): | | | | | | |
| **Parent/Carer Declaration and signature of Parent/Carer:**  I wish to apply for a place at Newdigate Pre-School and I have indicated the criterion under which I am applying for that place.  I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief.  I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of a Pre-School place for my child. I understand that the school reserves the right to amend its Pre-School provision. | | | | | | |
| Signature of Parent /Carer: Date: | | | | | | |