

PLAY SHARE LEARN GROW

Newdigate Pre-School Village Street Newdigate Surrey RH55DJ

01306632882 Hello@newdigatepreschool.co.uk

Application form 2023/2024

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 Preschool'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 digital cod 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:htpp//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 for this form.

| 1. CHILD'S DETAILS | |
|---------------------------------------------------------------------------------------------------------------|-----------------------------|
| Child's last name | |
| Child's first and middle name | |
| Child's date of birth | / Gender: Male Female |
| Child's home address This must be the child's normal place of residence and not a relative or carer's address | |
| Which term would you like your child to start? | Autumn ☐ Spring ☐ Summer ☐ |
| Has your child been immunised? | Polio □ 3in 1 □ HIB □ MMR □ |
| Doctor's name | |
| Doctor's address | |
| Doctor's telephone | |
| Does your child take any regular medications? | Please give details |
| Does your child have any allergies/intolerance? | 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 or disabilities? | Please give details | |
| May we have permission for your child to receive doctor or | Yes NO | |
| hospital treatment if we are unable to contact you? | | |
| 2. PREFERENCE DETAILS: Please tick under whi | ch criterion you are applying for a Pre-school place | |
| 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 your of your form. | | |
| Where there is a social or medical need for a place at he P | re-school | |
| Where there is a social or medical need for a place at he Pre-school E.g. does yoru 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. Provide name and date of birth of siblings and year group | | |
| | 2022 4 2181 4 4 2022 | |
| Children who will turn 4 years old between 1st September This is to give priority to older children who are due to start re | | |
| This is to give priority to older children who are due to start reception in the next academic year. Children who will turn 3 years old between 1st September 2022 to 31st August 2023 These children will be able to stay in Pre-School for another year as they are not due to start Reception | | |
| Children who are eligible for FEET funding the term after | | |
| These children will be able to stay in Pre-School for another 2 September 2025. FEET application number : | · 1 | |
| 3. PARENTS/GUARDIANS/CARERS | , | |
| Mr/Mrs/Miss/Ms | Mr/Mrs/Miss/Ms | |
| Last name | Last name | |
| First name | First name | |
| Relationship to child | Relationship to child | |
| Address if different that of the child given overleaf | Address if different that of the child given overleaf | |
| Daytime telephone number: | Daytime telephone number | |
| Mobile number | Mobile number | |
| Email address | Email address | |
| National insurance number | National insurance number (This enables us to check if your child is eligible for Early Year Pupil Premium.) | |

| Name and date of birth of siblings including step brothers and | sisters living in the same family | y unit: | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|--|
| Which parents/career 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? | | | |
| 1 Emergency contact details other than parents | 2 Emergency contact num | ber other than parents | |
| Name | Name | ••••• | |
| Telephone number | Telephone number | ••••• | |
| Relationship to the child: | Relationship to the child | d: | |
| Password to be used on collection | | | |
| Is your child attending another Pre-school and would you be leaving them should you be successful in your application? Please give details of this and funding being claimed if applicable. | | | |
| 4. ADDITIONAL INFORMATION NEEDED FOR CHILDREN CLAIMING 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 15hours which will be reverted to in the even of a child's eligibility for the 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 Terms and condition s 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 anu change need to be made. | | | |
| Parents National insurance number | 30 hours eligibility code | (11 digits) | |
| Pre-school provision options for FEE/ FEET/ 30hour childcare/ fee paying 2 year olds additional hours: Please choose your preferences by stating 1 st , 2 nd , 3 rd , 4 th and 5 th | | | |
| Monday and Tuesday 9am-3pm, and Wednesday 9am-12noon | | | |
| Wednesday 12pm-3pm, Thursday and Friday 9am-3pm – 15 hours per week Monday to Friday, 9am -3pm, 30 hours free due to eligibility for 30 hours free entitlement | | | |
| (subject to availability) | | | |
| Monday to Friday, 9am-3pm but not eligible for 30 hours so 15 hours funded and 15 hours fee paying. | | | |
| Mornings only Monday to Friday 9am-12noon – 15 hours per week | | | |
| Are you interested in additional sessions on top of the core 15 hours. These sessions will be charged at our sessional rate based on your child's age (subject to availability) | | Yes | |
| Are you interested in your child having hot lunches from the school, at an additional cost? | | Yes No | |
| All places will be allocated in accordance with Newdigate Pe-school admissions policy 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 you child to travel in a carein case of emergency? | Yes No | | |
| May we have permission for you child to be photographed / videoed by a member of staff for the Preschool's use only? | Yes No | | |
| May we have 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 has/is attending another setting, do we have permission to contact them? Please give details of the setting | Yes □ No □ | | |
| 6. Parent/Carer Declaration | | | |
| I wish to apply for a place at Newdigate Pre-school and I have indicated the criterion ununder 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 false or delibertel misleading information on this form and /or supporing documents or withhold any rellevant information, this may lead to the withdrwawl of an offer of a pre-school place for my child. I understand that the school reserve the right to amendits Pre-school porvision. | | | |
| Signature of Parent/Carer D | Pate | | |
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