

Newdigate Pre-School  
Village Street, Newdigate  
RH55DJ

01306632882  
[Hello@newdigatepreschool.co.uk](mailto:Hello@newdigatepreschool.co.uk)

### Application form 2024/2025

In order to be considered in the initial allocation of Pre-school places, this form should be returned to Newdigate Pre-school before the beginning of the term you wish your child to attend.

- Please note that completing this form does not guarantee a place.
- Governors will consider applications received in accordance with the Pre-school's admissions policy.
- Please read the Pre-school's admissions policy before completing this form.
- Eligibility for funded childcare entitlement for 2,3 and 4 year olds child (FEET, working parents, 15hours/ 30hours) can be checked on [www.childcarechoices.co.uk](http://www.childcarechoices.co.uk) . More information can also be found on [www.surreycc.gov.uk](http://www.surreycc.gov.uk). If you meet the criteria you will need to provide Newdigate Pre-school with your allocated code.
- Please fill in the form in block capitals, sign it and return it to Pre-school.
- Please contact the Pre-school if you have any queries concerning the completion of this form.

#### 1. CHILD'S DETAILS

|   |   |
|---|---|
| Child's forenames (first and middle names)  |   |
| Child's surname   |   |
| Child's date of birth ...../...../.....   | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Child's home address<br><small>This must be the child's normal place of residence and not a relative or carer's address</small> |   |

#### 2. 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.....                                    |

Name and date of birth of siblings including step brothers and sisters living in the same family house:

|  |  |
|--|--|
| 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?   |  |
| <b>① Emergency contact details other than parents</b><br><br>Name .....<br><br>Telephone number .....<br><br>Relationship to the child:.....   | <b>② Emergency contact number other than parents</b><br><br>Name .....<br><br>Telephone number.....<br><br>Relationship to the child:..... |
| <b>Password to be used on collection in the event you are unable to pick up your child. Please give us the name of the person whom will be collecting your child in advance.</b><br>.....  |  |
| <b>3. MEDICAL INFORMATION</b>  |  |
| Has your child been immunised?   | Polio <input type="checkbox"/> 3in 1 <input type="checkbox"/> HIB <input type="checkbox"/> MMR <input type="checkbox"/>                    |
| Doctor's name<br><br>Doctor's address<br><br>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 hospital treatment if we are unable to contact you?   | Yes <input type="checkbox"/> NO <input type="checkbox"/>   |
| <b>4. CRITERION under which you are applying for a Pre-school place</b>  |  |
| <b>Looked after and previously looked after children</b><br>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.<br>.....<br>..... |  |
| <b>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.</b> Provide name and date of birth of siblings and year group<br>.....               |  |

|  |   |       |
|--|---|-------|
| <b>Where there is a social or medical need for a place at the Pre-school</b><br>E.g. does your child have any special education needs, special social needs or a disability?<br>Are they supported by Social Services, a Speech Therapist, Educational Psychologist, Portage or child and Family Guidance? Independent evidence must be provided for your application to be considered.<br>.....<br>.....  |   |       |
| <b>Children who will turn 4 years old between 1<sup>st</sup> September 2024 to 31<sup>st</sup> August 2025</b><br>This is to give priority to older children who are due to start reception in September 2025.   |   |       |
| <b>Children who will turn 3 years old between 1<sup>st</sup> September 2025 to 31<sup>st</sup> August 2026</b><br>These children will be able to stay in Pre-School for another year as they are not due to start Reception  |   |       |
| <b>Children who are eligible for FEET funding the term after their 2<sup>nd</sup> birthday (see admission policy)</b><br>These children will be able to stay in Pre-School for another 2 years and start Reception in September 26.  |   |       |
| <b>Children who are eligible for 15 hours working parents from the term after their 2<sup>nd</sup> birthday.</b>   |   |       |
| <p><b>5. PRE-SCHOOL PLACEMENT OPTIONS</b> - choose your preferences by stating 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup><br/> <i>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.</i><br/> <i>All children who receive the extended free entitlement provision 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 the entitlement ending. At this point in time parents will either have the option to directly fund the additional 15 hours per week themselves or reduce their child's Pre-school provision to the core offer of 15 hours.</i></p> |   |       |
| <b>Which term would you like your child to start?</b>  | Autumn <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> |       |
| 15 hours per week: Monday and Tuesday 9am-3pm, and Wednesday 9am-12noon  |   |       |
| 15 hours per week: Wednesday 12pm-3pm, Thursday and Friday 9am-3pm   |   |       |
| 15 hours per week: Mornings only Monday to Friday 9am to 12pm  |   |       |
| 30 hours per week : Monday to Friday, 9am -3pm, funded childcare entitlement   |   |       |
| Monday to Friday, 9am-3pm - 15 hours funded and 15 hours fee paying.   |   |       |
| 2 days a week (subject to availability) .....  |   |       |
| Are you interested in additional sessions on top of the core 15 hours?<br>£24 per session 9am-12pm or 12pm-3pm – subject to availability   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |       |
| Are you interested in your child having hot lunches from the school, at an additional cost of<br>£2.70 per day?  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |       |
| <b>6. ADDITIONAL INFORMATION NEEDED FOR CHILDREN CLAIMING FREE CHILDCARE</b>   |   |       |
| <b>Parents National insurance number</b> –used to check your eligibility for Early Years Pupil Premium<br><br><b>Mother:</b> ..... <b>Father:</b> .....  |   |       |
| <b>30 hours eligibility code (11 digits)</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | ..... |
| <b>15 hours working parents' eligibility code</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | ..... |
| <b>FEET funding code</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/>  | ..... |

## 7. PERMISSIONS

|  |  |
|--|--|
| May we have permission for your child to travel in a car/car seat in case of emergency?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| May we have permission for your child to be photographed/ videoed by a member of staff for the Pre-school's use only?                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| Has your child attended or is attending another setting?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, do we have permission to contact them?<br>Please give details of the setting and funding being claimed if applicable                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| May we have permission to apply sun cream and nappy cream should it be necessary? It should be labelled and provided                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

## 8 . BIRTH CERTIFICATE/ PASSPORT

Your child's birth certificate or passport must be presented **when returning the application form.**

Passport seen by ..... Date:.....

Birth certificate seen by ..... Date:.....

## 9. TWO YEAR OLD ASSESSMENT

Can you please provide a copy of your child's two year old assessment?

Yes ☐ No ☐

## 10. PARENT/CARER DECLARATION

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 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 reserve the right to amend its Pre-school provision.

I understand that it is my sole responsibility to familiarise myself with Newdigate Pre-school policies which can be found in the policies folder on site and on Newdigate Pre-school website.

Signature of Parent/Carer

Date: