

Newdigate Pre-School

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Village Street, Newdigate

RH55DJ

**Application form 2025/2026**

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 which can be found on our website.

* 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 parents meet the criteria, their allocated code will need to be forwarded to Newdigate Pre-school.
* 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.

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| 1. **CHILD’S DETAILS** | | | | | | | |
| Child’s forenames (first and middle names) |  | | | | | | |
| Child’s surname |  | | | | | | |
| 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 |  | | | | | | |
| 1. **PARENTS/GUARDIANS/CARERS** | | | | | | | |
| Mr/Mrs/Miss/Ms …………………………………………..  Last name…………………………………………………..  First name…………………………………………………..  Relationship to child………………………………………. | | Mr/Mrs/Miss/Ms ……………………………  Last name…………………………………….  First name……………………………………  Relationship to child………………………… | | | | | |
| Address if different that of the child | | Address if different that of the child | | | | | |
| Daytime telephone number:……………………………….  Mobile number……………………………………………..  Email address……………………………………………… | | Daytime telephone number…………………………  Mobile number ……………………………………..  Email address……………………………………… | | | | | |
| Name and date of birth of siblings including step brothers and sisters | | | | | | | |
| Who lives in the family household? | |  | | | | | |
| Who has parental responsibility? | |  | | | | | |
| Does anyone else have legal contact with the child? | |  | | | | | |
| Language(s) spoken by the child at home | | 1st language ……………………………….  Other ………………………………. | | | | | |
| Is there any additional information you would like to share? | | | | | | | |
| **1 Emergency contact details other than parents**  **Name ………………………………………………….**  **Telephone number ……………………………………**    **Relationship to the child:……………………………..** | | | **2 Emergency contact number other than parents**  **Name …………………………………………..**  **Telephone number…………………………….**    **Relationship to the child:…………………….** | | | | |
| **Password to be used on collection in the event you are unable to pick up your child. Please let us know the name of the person whom will be collecting your child in advance and ensure the person knows the password**  **………………………………………………………………………………………………………….……………….** | | | | | | | |
| 1. **MEDICAL INFORMATION** | | | | | | | |
| **Has your child been immunised?** | YES NO  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 hospital treatment if we are unable to contact you? | Yes NO | | | | | | |
| **Dentist’s name** ………………………………………………………………………………………………….  Dentist’s address …………………………………………………………………………………………………  ………………………………………………………………………………………………..  As part of the EYFS guidelines, we promote and encourage good oral hygiene; NHS provides free dental care for all children under 18.  Has your child attended the dentist yet? Yes NO | | | | | | | |
| 1. **CRITERION under which 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.  ……………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………… | | | | | | |  |
| **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  ……………………………………………………………………………………………………………………………………………………….. | | | | | | |  |
| **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? Independent evidence must be provided for your application to be considered  ………………………………………………………………………………………………………………. | | | | | | |  |
| **Children who will turn 4 years old between 1st September 2025 to 31st August 2026**  This is to give priority to older children who are due to start reception in September 2026. | | | | | | |  |
| **Children who will turn 3 years old between 1st September 2026 to 31st August 2027**  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 their 2nd birthday *(see admission policy)***  These children will be able to stay in Pre-School for another 2 years and start Reception in September 27. | | | | | | |  |
| **Children who are eligible for 30 hours working parents** | | | | | | |  |
| 1. **PRE-SCHOOL PLACEMENT OPTIONS -** choose your preferences by stating 1st,2nd, 3rd, 4th and 5th*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.* | | | | | | | |
| **Which term would you like your child to start?** | Autumn  Spring  Summer  *(Sept-Dec) ( Jan-March) (April-July)* | | | | | | |
| **Please select all that is appropriate – eligibility can be checked online**  **2 years old eligible working parents CODE**…………………………………………………………………….    **FEET** **CODE**…………………………………………………………………………………………………….    **3&4 Years old – 15 hours universal funding** (no code required)    **3&4 Years old - 30 hours eligibility CODE** ……………………………………………………………………..    **Fee paying: £26 per session - 9am-12pm OR 12pm-3pm ; Full day (2 sessions, 9am-3pm ) £52**    **Other, please specify** ……………………………………………………………………………………………    5 Mornings, 15 hours    Monday & Tuesday 9am-3pm, Wednesday 9am 12pm – 15 hours    Wednesday& Thursday 9am-3pm, Friday 9am -12pm – 15 hours    Monday to Friday, 9am-3pm – 30 hours    Four days subject to availability – 24 hours specify……………………………………………………    Two days subject to availability – 12 hours, specify ………………………………………………….      Additional hours on the top of the funded hours, specify………………………………………………. | | | | | | | |
| **Hot lunches** – **option for full day only**  Are you interested in your child having hot lunches at an additional cost of £2.70 per day? | | | | | | Yes No | |
| 1. **ADDITIONAL INFORMATION NEEDED FOR CHILDREN CLAIMING FREE CHILDCARE** | | | | | | | |
| **Mother’s National insurance** number …………………………………  **Father’s National insurance number:** ………………………….……… | | | | | | | |
| **7. PERMISSIONS** | | | | | | | |
| **May we have permission for your child to travel in a car/car seat in case of emergency?** | | | | **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 by journalists of local publications when they report on specific Pre-school or village events?** | | | | **Yes No** | | | |
| **Has your child attended or is attending another setting?**  **If so, do we have permission to contact them?**  Please give details of the setting and funding being claimed if applicable | | | | **Yes No**    **Yes No** | | | |
| **May we have permission to apply sun cream and nappy cream should it be necessary?** It should be labelled and provided | | | | **Yes No** | | | |
| **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:………………………..** | | | | | | | |
| 1. **TWO YEAR OLD ASSESSMENT**   **Can you please provide a copy of your child’s two year old assessment?** | | | | | **Yes No** | | |
| 1. **PARENT/CARER DECLARATION**   Iwish 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 responsiblility 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 supporing documents or withhold any rellevant 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:** | | | | | | | |