Application form

**Child’s name …………………………………………………………………..**

**Child’s address ……………………………………………………………………………………………..**

**Date of birth ……………………………………. Child’s gender ………………………………..**

**Child’s first language……………………………………………………..……**

**Any additional language spoken at home…………………………………….**

**Contact telephone numbers……………………………………………………………**

**Email address ……………………………………………………………………………………..**

**I would like to register my child for Pre-School-**

Preferred start date ……………………………………..

Children are admitted the term after they turn two years old

Will your child attend another setting or childminder ? YES/ NO

Early Years Education Funding see [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

Will your child qualify for 30 hours funding available to working families? YES/NO

Will your child qualify for funded two’s? YES/NO

 Is the child Looked After (i.e in the care of a local authority/fostered)? ………… YES/NO

Does your child/family have any of the following:

· Special Educational Needs (as identified by a relevant education professional)? YES/NO

· A severe and long-term medical need?………………..…………………………………………. YES/NO

* Early help assessment for child or for a member of family in household….. YES/NO
* District team or social care working with child or family ………………………… YES/NO

If so please include details

**Please indicate your child’s preferred sessions in the chart below**

|  |  |  |
| --- | --- | --- |
| **day** | **9.00-12.00****includes eating a snack provided by parents @ 10am** | **12.00-3.00** **includes eating packed lunch provided by parents @ 12pm** |
| **Monday** |  |  |
| **Tuesday** |  | **#** |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  | **#** |

**# Moving-on sessions.** These sessions are reserved for children who will attend school from the following September.

**Are you flexible on sessions offered yes / no**

**Total number of hours required per week …………………..hours**

**Any special requests…………………………………………………………**

**4 weeks written notice are required to cancel/reduce sessions, please note additional notice maybe required, if a funded place to meet funding rules.**

Signed……………………………………………………………………………………

Print name ……………………………………………………………………………………

Date ……………………………………………………..

Relationship to child ………………………………………………………………………

Please return completed form to the setting

GDPR/ Data protection 2018

The information requested on this form is used to offer your child a place at Bar Hill Preschool, this may include being held on a waiting list as per our admissions and waiting list policy. Priority on places is given in age order, younger children might be restricted to a maximum number of hours a week.