

Application for Admission to Pre-school

Please complete the application form and e-mail it to: saplings@blean.kent.sch.uk

Our Pre-school welcomes children from the term after their 3rd birthday, with new intakes in September, January, and April each year.

Our offer:

Option 1	Option 2	Option 3
Full Time (30 hours)	Part Time (15 hours) with Additional Chargeable Afternoon Sessions (up to 30 hours)	Part Time (15 hours)
Morning and afternoon sessions	Morning sessions with selected additional chargeable afternoon sessions	Morning session only
Monday to Friday	Monday to Friday	Monday to Friday
8.45-2.45pm	8.45-11.45am	8.45-11.45am
	Optional: 11.45am-2.45pm	
·	heir child with a packed lunch if	
they are attending a	an afternoon session.	
Optional 2.4	15-3.25pm £5	

Sessions will remain fixed for a seasonal term (two school terms). Parents/Carers may add additional afternoon sessions at designated times throughout the year (to commence in September Term1, January Term 3 or April Term 5 only). These will then remain fixed for a seasonal term (two school terms).

SESSION SELECTION

Option 1 – 30 Hour Free Childcare

I wish to apply for a full-time Pre-school place (5 morning sessions a week, 8:45-11:45am and 5 afternoon sessions a week, 11:45-2:45pm). Afternoon sessions will be charged at £20 per session unless eligible for 30 hours of free childcare (if you are not eligible for 30 hrs free childcare go to option 2). I will provide a packed lunch for my child. All payments must be paid in advance and are non-refundable.

Please select (✓) the afternoon sessions that you would like your child to attend in addition to 5 morning sessions (8.45-11.45am). These are fixed sessions and cannot be changed within the academic year:

Monday	Tuesday	Wednesday	Thursday	Friday
11.45-2.45pm	11.45-2.45pm	11.45-2.45pm	11.45-2.45pm	11.45-2.45pm

Please select (✓) days if you would like your child to remain in Pre-school until 3.25pm for an additional £5 per session.

Monday	Tuesday	Wednesday	Thursday	Friday
2.45-3.25pm	2.45-3.25pm	2.45-3.25pm	2.45-3.25pm	2.45-3.25pm
30 hours funding eligibility (please tick as appropriate)		I am eligible for 30 ho	ours funding	

Option 2 – 15 Hours Free Childcare with additional chargeable sessions

I wish to apply for a part-time Pre-school place (5 morning sessions a week, 8:45-11:45am) and additional fixed afternoon sessions. For those who are not eligible for up to 30 hours of free childcare, afternoon sessions will be charged at £20 per session. I will provide a packed lunch for my child when they are attending an afternoon session. All payments must be paid in advance and are non-refundable.

Please select (✓) the afternoon sessions that you would like your child to attend in addition to 5 morning sessions (8.45-11.45am). These are fixed sessions and cannot be changed within the academic year:

Monday	Tuesday	Wednesday	Thursday	Friday
11.45-2.45pm	11.45-2.45pm	11.45-2.45pm	11.45-2.45pm	11.45-2.45pm

Please select (✓) days if you would like your child to remain in Pre-school until 3.25pm for an additional £5 per session.

per session.				
Monday	Tuesday	Wednesday	Thursday	Friday
2.45-3.25pm	2.45-3.25pm	2.45-3.25pm	2.45-3.25pm	2.45-3.25pm
30 hours funding eligibility (please tick as		I am not eligible for 30 hours funding		
appropriate)				

Option 3 – 15 Ho	urs Free Childcare
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I wish to apply for a part-time Pre-school place (5 morning sessions a week, 8:45-11:45am).

PERSONAL DETAILS OF CHILD

Please tick accordingly

Legal Surname:		ſ	Male		Female	
Legal Forename:		1	"	Į.		
Middle Name:						
Preferred Surname:						
Preferred Forename:						
Date of Birth:	_	th Certifica			at school	
Child's Permanent Address:						
Post Code:						
	hild live? uthority care or previously in Local Authority Care? ny special education or medical needs (including all		vhich th	o scho	and needs	to
be aware of?	ny special education of medical needs (including all	ilergies) w	mich un	e scric	ooi needs	to
Name of siblings alread	dy attending Blean Primary School					
independently use the	ble to manage their selfcare or be working toward toilet or use pull ups (please contact the school if ional body that prevents this)	_	_		_	S
I confirm my child is ab	ple to cope independently in the toilet or pull ups					

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY

	Parent/Carer Name:	
	(Please print)	
	Title:	Mr/Mrs/Miss/Ms
	(Please delete as appropriate)	
	Relationship to child:	
T 1	Address (if different from child	
TAC	above)	
NO.		
<u>}</u>		
PRIORITY CONTACT 1	Post Code:	
PR	National Insurance Number:	
		Home:
	Tel No:	Mobile:
		Work:
	Email:	
	Parent/Carer Name:	
	(Please print)	
	Title:	Mr/Mrs/Miss/Ms
	(Please delete as appropriate)	
	Relationship to child:	
T 2	Address (if different from child	
NTACT 2	above)	
8		
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PRIORITY CO	Post Code:	
PR	National Insurance Number:	
		Home:
	Tel No:	Mobile:
		Work:
	Email:	

FUNDING INFORMATION

If you are entitled to 15-hour or 30-hour funding, please provide the following details

HMRC Account Holder's	
Name	
HMRC Account Holder's	
Date of Birth	
HMRC Account Holder's	
National Insurance Number	
15-Hour code	
30-Hour code	
Signature	I give permission for Blean Primary School to verify these details on the funding system
Print Name	
Date	

If you are entitled to Early Years Pupil Premium (EYPP) or Free for 2 (FF2) funding, please provide the following details

Entitlement Reason	
(Economic, child in care, etc)	
Account Holder's Date of	
Birth	
Account Holder's National	
Insurance Number	
Signature	I give permission for Blean Primary School to verify these details on the funding system
Print Name	
Date	

The information on this form is correct to the best of my knowledge and belief.			
Signed		Date	

Please return the completed form to Blean Primary School Office. We will contact you regarding your child's place as soon as possible.

FOR OFFICE USE ONLY

Date form received	
Date parent contacted	
Date place offered	
Date child due to start	