



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:

<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
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 8.45-2.45pm	Monday to Friday 8.45-11.45am Optional: 11.45am-2.45pm	Monday to Friday 8.45-11.45am
Parents will need to provide their child with a packed lunch if they are attending an afternoon session.		
Optional 2.45-3.25pm £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 <u>and</u> 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 (<i>if you are not eligible for 30 hrs free childcare go to option 2</i>). 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 11.45-2.45pm	Tuesday 11.45-2.45pm	Wednesday 11.45-2.45pm	Thursday 11.45-2.45pm	Friday 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 2.45-3.25pm	Tuesday 2.45-3.25pm	Wednesday 2.45-3.25pm	Thursday 2.45-3.25pm	Friday 2.45-3.25pm
30 hours funding eligibility (please tick as appropriate)		I am eligible for 30 hours funding <input type="checkbox"/>		

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 11.45-2.45pm	Tuesday 11.45-2.45pm	Wednesday 11.45-2.45pm	Thursday 11.45-2.45pm	Friday 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 2.45-3.25pm	Tuesday 2.45-3.25pm	Wednesday 2.45-3.25pm	Thursday 2.45-3.25pm	Friday 2.45-3.25pm
30 hours funding eligibility (please tick as appropriate)		I am not eligible for 30 hours funding <input type="checkbox"/>		

Option 3 – 15 Hours Free Childcare				
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:		Male		Female	
Legal Forename:					
Middle Name:					
Preferred Surname:					
Preferred Forename:					
Date of Birth:		Birth Certificate checked at school (Please provide a copy)			
Child's Permanent Address:					
Post Code:					

With whom does the child live?
Is your child in Local Authority care or previously in Local Authority Care?
Does your child have any special education or medical needs (including allergies) which the school needs to be aware of?
Name of siblings already attending Blean Primary School
Your child must be able to manage their selfcare e.g. cope independently in the toilet or pull ups (please contact the school if there are any medical conditions identified by a professional body that prevents this) I confirm my child is able to cope independently in the toilet or pull ups <input type="checkbox"/>

DETAILS OF THOSE WITH LEGAL PARENTAL RESPONSIBILITY

PRIORITY CONTACT 1	Parent/Carer Name: (Please print)	
	Title: (Please delete as appropriate)	Mr/Mrs/Miss/Ms
	Relationship to child:	
	Address (if different from child above)	
	Post Code:	
	Tel No:	Home:
		Mobile:
		Work:
Email:		

PRIORITY CONTACT 2	Parent/Carer Name: (Please print)	
	Title: (Please delete as appropriate)	Mr/Mrs/Miss/Ms
	Relationship to child:	
	Address (if different from child above)	
	Post Code:	
	Tel No:	Home:
		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>I give permission for Blean Primary School to verify these details on the funding system</i>
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>I give permission for Blean Primary School to verify these details on the funding system</i>
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	