

PRESCHOOL REGISTRATION OF INTEREST FORM

A separate application form is needed for each child.

	Office use only Allocated sessions:
١	Visit date:
9	Start date:
ı	Funding: Y N
	30hrs funding: Y N

Child's Details

Full name:				Date of Birth	1:	
Address:				Gender:		
				First Langua	ge:	
Post code:						
Preschool or Nu	Preschool or Nursery previously attended (if any):					
Home Details:						
Home telephone number:		Ema	il address:			
Moving House Please use this section if you are moving house before your child starts Nursery.						
New Address:						
Post code:						
Date of move:						

Details of all persons with parental responsibility:

(Parental responsibility for a child whose birth was registered after 1st December 2003 is given to the parents named on the birth certificate.)

Name:	Relationship to pupil (eg mother, carer):	Address if different to that given above:	Contact telephone number:

Date of your child's 3 rd Birthday:		
Term you would like your child (please circle	Year:	
Autumn (September)	Spring (January)	Summer (April)

Preferred Sessions Applied for:

Please indicate your preferred sessions with a $\sqrt{}$

To help with the allocation of places, it would be helpful if you could indicate other sessions that will also be acceptable with a \ast

	AM session (8:45 – 11:45)	Lunch Club (11.45-12.15)	PM session (12:15 – 3:15)	Total AM and PM Hours Requested
Hours	3 hours	30 minutes	3 hours	
Monday				П
Tuesday				=
Wednesday				=
Thursday				=
Friday				=
			Total AM and PM sessions	=

Funding of sessions

You may be eligible for funding to cover the cost of your AM and PM sessions.

The term <u>after</u> your child is three years old, your child is entitled to 15 hours free of charge in one or split between two settings.

Working parents may be entitled to up to 30 hours of funded sessions.

To see if you are eligible, please contact HMRC. More information can be found on the HMRC website: https://childcare-support.tax.service.gov.uk/moreinfopar/2

Do you wish to split your child's funding between more	Please circle:	YES	NO
than one nursery or child minder?			

Admissions Criteria

Applications are allocated sessions using a criteria system as detailed below.

Please tick the criteria that your application meets:

1.	Looked after children. Is your child cared for by a Look or is he/she a previously look	•	YES	NO		
2.	 Children with a particular educational, social or medical need, including children eligible for pupil premium funding. P premium is funding provided to the school for children previously in care or entitled to receive free school meals as a result of low income. Evidence of each situation will be requested. 					
	Does your child have Special or an Education, Health and C	YES	NO			
	Are there any exceptional soc attend our Pre-school?	ial or medical reasons why your o	child should YES	NO		
Is your household income below £16,190.00? Do you receive Income Support/Income-based Jobseeker's Allowance/Income-related Employment						
	And Support Allowance/Support under Part VI of the YES NO Immigration and Asylum Act 1999/The Guarantee Element of State Pension Credit/Child Tax Credit? NB If you receive any Working Tax Credit please do not tick this box.					
gne	d:	Relationship to child:	Date:			

Please return form to:

Preschool Administrator, Meldreth Pre & Primary School, High Street, Meldreth, Royston. SG8 6LA

Tel: 01763 260432 Email: office@meldreth.cambs.sch.uk