**Re: Nursery Application - 3 and 4 year old request form**

**Pupil details**

|  |  |  |
| --- | --- | --- |
| **Child’s Legal Family Name:** | **Child’s Legal Forename(s):** | **D.O.B:** |
| **Address:** | **Postcode:** | **Telephone number:** |
| **Parent Name:** | **Parent email:** |

|  |  |
| --- | --- |
|  | **Please indicate sessions required** |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| **AM****8:45 – 11:45****(3 hours)** |  |  |  |  |  |
| **PM****12:15 – 3:15****(3 hours)** |  |  |  |  |  |
| **ALL DAY****8:45 – 3:15****(6.5 hours)** |  |  |  |  |  |

**Sessions Requested**

**Payment**

Payment for extra sessions above and beyond your funded hours will need to be paid for on your child’s first session of each week via Parent Pay. **Payments are non-refundable**. If your child is absent for an agreed session (that is paid for), **you will still be liable for the full amount**.

**Early Years Pupil Premium (EYPP) Registration Form**

The Early Years Pupil Premium (EYPP)\* is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits. This funding will be used to enhance the quality of their early years experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child’s progress and development. For more information please speak to your childcare provider.

<https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities>

For more information please see attached sheet

 Yes Name of Eligibility ……………………………………………….

 No

**Disability Access Fund Declaration**

Three and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years setting as a fixed annual rate of £615 per eligible child.

<https://www.gov.uk/disability-living-allowance-children/overview>

 **Is your child eligible and in receipt of Disability Living Allowance (DLA)?**

 Yes

 No

**Dual Registration**

**Is your child attending another setting?**

 Yes

 No

If yes, please state where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information**

**Are you supported by any external professionals (health visitor, early help hub, social care)?**

 Yes

 No

If yes, please state who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact Mrs Case (Nursery lead) or Mrs Ridpath (EYFS lead) on 01726 822568 or email hello@ststephenchurchtown.org.uk

Kind regards,



Miss James

Head of School