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**THE POCHIN PRE-SCHOOL, BARKBY – APPLICATION FORM**

 **Child’s Details:**

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| **Child’s Name:** |
| **Child’s DOB:** | **Gender:** |
| **Child’s Address:** **Postcode:** |
| **Names of any siblings at The Pochin School:** |
| **Does your child have any medical conditions or require any medication (i.e. allergies, asthma, etc)? If so, please provide details.** |

**Parent/Carer’s Details:**

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| **Parent/Carer Number 1** |
| **Name:** | **Relationship to Child:** |
| **Address:** **Postcode:** |
| **Telephone Number:** | **Email Address:** |
| **Parent/Carer Number 2** |
| **Name:** | **Relationship to Child:** |
| **Address:** **Postcode:** |
| **Telephone Number:** | **Email Address:** |

**Previous/Current Setting**

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| **Please name any settings your child has attended/is attending (i.e. nurseries, childminders):** |
| **Will your child continue to attend the above setting if a place at The Pochin Pre-School is offered?** |  |
| **If you have answered ‘Yes’ to the above question, please state how many hours per week they will be attending the other setting:** |  |

**Pre School Sessions and Funding Information**

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| **Please indicate the Pre School sessions you would like your child to attend (please tick):** |
| **Session Times** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full day****08:30 – 15:00** |  |  |  |  |  |
| **Please indicate your preference for when you would like your child to start:** **From the term after their 3rd birthday**  **(any extra hours not covered by funding will be charged for)** **From their 3rd birthday** **(all hours will be charged for up until the term after their 3rd birthday)** |
| **I am eligible for the 30 hours extended entitlement per week****Funding code: Parent’s Name:****Parent’s National Insurance Number: Parent’s Date of Birth:** |

***I confirm my request for the sessions indicated above and understand that places will be allocated as per The Pochin Pre-School’s Admissions Policy.***

Signed ………………………………………………….. Date:……………………………

Please return this application form to the main school office, along with your child’s birth certificate and proof of address (council tax bill is preferred).

For office use only:

Date Received ……………………………… Potential Start Date ………………………... Copy of Birth Certificate

Copy of Proof of Address 30 Hour Funding Code Checked (where applicable)

Oversubscription Criteria: Catchment Area Sibling Outside of Catchment