

THE POCHIN PRE-SCHOOL, BARKBY – APPLICATION FORM



Child's Details:

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:

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

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

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:					
<input type="checkbox"/> From the term after their 3 rd birthday (any extra hours not covered by funding will be charged for)					
<input type="checkbox"/> From their 3 rd birthday (all hours will be charged for up until the term after their 3 rd 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 ☐