



Leppington, Bracknell, Berks, RG12 7WW  
 Phone: 01344 455815 Fax: 01344 306573  
 Headteacher: Michael Dillon



## Nursery Application Form

**Please note: This is an application for Nursery only. You will need to make a separate application to Bracknell Forest Local Authority for a place at Birch Hill Primary School.**

**Session preferences:** Please tick preferred sessions (We have a limited number of spaces for those parents eligible for the 30 hours Nursery funding. Please contact the school office if you are interested in 30 hours).

Day	Morning session (9.00-12.00)	Afternoon session (12.00-3.00)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

<b>Details of Child:</b>	
<b>Legal surname :</b>	<b>Legal forename:</b>
<b>Middle names(s):</b>	<b>Gender: Male / Female</b>
<b>Date of birth:(Please include birth certificate)</b>	
<b>Address:</b>	<b>Postcode:</b>
<b>Previous pre-school attended (if applicable):</b>	
<b>Does your child have a Special Education Need and /or Education Health Care Plan? (EHCP)</b> Yes/No	

**Please give the name of any older siblings, or family members living in the same family unit, who will be attending Birch Hill School at the time of the applicant’s admission:**

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

**Does your child have any medical conditions or allergies that we should be aware of? Yes / No**  
 If yes, please give details:

\_\_\_\_\_

**Is this child looked after by (in the care of) the Local Authority?**  
 Yes / no \_\_\_\_\_

If yes, please state the name of the Local Authority: \_\_\_\_\_

**Details of Parents/Guardians:**

<b>Mother</b>	<b>Father</b>
Title: _____	Title: _____
Surname: _____	Surname: _____
Forename: _____	Forename: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Telephone number: _____	Telephone number: _____
Email: _____	Email: _____

**National Insurance Number:**  
*If you are on low income, and/or in receipt of any benefits, your child may be entitled to Early Years Pupil Premium funding. Please provide your National Insurance Number for the Local Authority to check eligibility. (Confidential)*

	<i>Parent 1</i>											<i>Parent 2</i>																	
National Insurance Number:				/														/											
Date of Birth:																													

**ETHNIC ORIGIN** – Please circle one code only

BRITISH	WBRI
IRISH	WIRI
ANY OTHER WHITE BACKGROUND	WOTH
WHITE/BLACK CARRIBBEAN	MWBC
WHITE/BLACK AFRICAN	MWBA
WHITE/ASIAN	MWAS
ANY OTHER MIXED BACKGROUND	MOTH
INDIAN	AIND
PAKISTANI	APKN
BANGLADESHI	ABAN
ANY OTHER ASIAN BACKGROUND	AOTH
BLACK CARRIBBEAN	BCRB
AFRICAN	BAFR
ANY OTHER BLACK BACKGROUND	BOTH
CHINESE	CHNE
ANY OTHER ETHNIC GROUP	OOth

**FIRST LANGUAGE**

English

Other – please specify which language is spoken at home

.....

**Please indicate whether English is a second language**

Yes  No

**COUNTRY OF ORIGIN**

.....

**DATE OF ARRIVAL IN UK**

.....

**RELIGION** – Please tick

CHRISTIAN	CHR
HINDU ...	HIN
JEHOVAH	JEH
JEWISH...	JEW
METHODIST	MTH
MUSLIM.	MUS
NO RELIGION	NON
ROMAN CATHOLIC	ROC
SIKH .	SIK
UNCLASSIFIED	UNC
UNITED REFORM	URC
OTHER....	OTH

**Disability Discrimination Act**

The school is required by law to take disability into account in relation to the Nursery admission process and the arrangements it makes for disabled pupils and potential pupils. This is so as to avoid any child being discriminated against on the grounds of their disability in the allocation of nursery places or in the arrangements that are made within the Nursery to provide for a child's disability.

If you think that your child has a disability, please give full details and attach any supporting documentation to your application form. This can be considered when Nursery places are allocated and, if your child is admitted, in the arrangements made within the Nursery to provide for your child's needs.

**Declaration**

I understand that the School or Local Authority reserve the right to verify the information on this application form. Any offer of a place will be on the basis that the information supplied is accurate and up to date.

**I understand that I must make a separate application for a place at Birch Hill Primary School and that the offer of a place in this Nursery does not give priority to an application that I may make to Birch Hill Primary School.**

I certify that the information I have given in this form is correct to the best of my knowledge.

SIGNED:

DATE:

**Please ensure your child's original birth certificate and your council tax statement accompanies this application form. These will be returned to you.**

FOR OFFICE USE:

Birth certificate seen: [ ] Date: Initial:

Council tax statement seen: [ ] Date: Initial:

Date of Admission:

Admission Number:

Early PPG Funding:

SEN:

## **Terms and Conditions**

### **Fees and Charges**

Confirmation of session fees will be given with your offer letter. We do not offer discounts for siblings.

If parents access hours above the free entitlement they will be charged per hour at a rate set by the school. Parents will be notified of the charge when the child's hours are confirmed.

### **The Free Entitlement (Early Education Funding)**

The local authority provides funding so that a child can access 15 hours free entitlement for 38 weeks a year from the term after their third birthday. The funding will continue until the term after a child's fifth birthday or until the child takes up place in a reception or year one class at a maintained school.

We will need to see a copy of your child's Birth Certificate to confirm that your child is eligible for the free entitlement. We will ask you to fill out a Parent Declaration form each term by a given date in order to receive your funding for the next term.

### **Holiday and Sickness**

You must still pay fees even if your child does not attend on a particular session (e.g. family holiday; child sickness). This is because their space is still kept for them and we still have to pay staff wages and other costs.

### **Price Increases**

Our fees are reviewed by the Senior Leadership Team every spring. It is likely that they will increase by a small amount each year and this increase will come into force each September. If you will still be paying fees at the time of the increase you will be given at least 28 days' notice of this. Fees will not normally increase at any other time of the year. If we have to increase fees during the year for reasons beyond our control, parents will always be given 28 days advance notice of this.

### **Invoicing**

Parents who do not yet receive the free entitlement or are purchasing additional hours will receive an invoice from us before the beginning of each half-term period. A half-term period is usually between five and seven weeks. The invoice will show clearly what the charges are in relation to. Fees are payable in advance and are due before the first day of the period they relate to (the first day of each half term). You will always be given a minimum of three weeks to pay your invoice. Please pay by cheque, via internet banking or through employer childcare voucher systems (please ask for details).

### **Payment Difficulties**

If you are experiencing financial difficulties then you must speak to Mrs Woods, School Business Manager, as soon as you can. We may be able to arrange for you to pay in installments. There are sometimes additional ways that we can help you. Speak to the Nursery teacher and bring details and proof of your current financial situation.

### **Notice of Termination**

Four weeks (term time) written notice (NOT including half terms, breaks, etc.) must be given to the Nursery teacher (other than those children leaving to start statutory school at the age of five) or a notice payment of £150 will be required as agreed in the *Notice of Termination* policy. This payment is always enforced and legal action is taken where necessary.

# Parent Declaration for the Free Entitlements

Please complete using BLOCK CAPITALS.



## 1. Child's details

Child's Legal Family Name:		Child's Legal Forename(s):	
Name by which the child is known (if different from above):			
Date of Birth:		Male/Female:	
Ethnicity:		First Language:	
Full Address: (Including postcode)			
Proof of DoB Type : (e.g. Birth Certificate, Passport)		Document recorded by:	Date document

## 2. Additional details for children claiming 30 hours Extended Entitlement

Parent/carer National Insurance Number		30 hours eligibility code: (e.g. 12345678912)	
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## 3. Setting and attendance details for Universal and Extended Entitlements

- Parent/Carers must complete this Declaration Form with each setting their child attends for their early education entitlement.
- Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting you must specify where the funding is paid
- If your child qualifies for the extended 30 hours entitlement and your child attends more than 1 setting you must indicate at which setting(s) you are claiming the extended entitlement in the relevant column below.

I am claiming free entitlement hours for my child at the following settings:

Setting Name(s)	Please enter free entitlement hours attended per day					30 hours funding Y/N	Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
	Mon	Tue	Wed	Thu	Fri			
A								
B								
C								
<b>Total Daily Free Hours Attended</b>								

#### 4. 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 or go to the government website <https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities>

If you believe that your child may qualify for the EYPP please provide the following information for the **main benefit holder** to enable the local authority to confirm eligibility. This information will also be used to check your eligibility for Pupil Premium once your child enters school and for Free School Meals as they move on through the school.

Parent / Carer First Name										
Parent / Carer Surname										
Parent / Carer Date of Birth										
National Insurance Number e.g. AA 12 34 56 A	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Parent / Carer Signature										

#### 5. 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.

More information about the Disability Living Allowance can be found on the government website <https://www.gov.uk/disability-living-allowance-children/overview>

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

YES	
NO	

**If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:**

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## 6. Parent/Carer/Guardian with legal responsibility declaration

**Declaration I** (Name) .....

Of (Address) .....

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (Name of Provider)

..... to claim free entitlement funding as agreed above on behalf of my child.

In addition, I also agree that the information I have provided can be shared with the Local Authority and Department for Education, who will access information from other government departments to confirm my child's eligibility and enable this provider to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print name		Print name	
Date		Date	

## 7. Data privacy

The information provided within this form is subject to the Data Protection Act 1998. The information you have provided will be used for the purpose of administering and paying the free entitlements. It will be shared with relevant departments in Bracknell Forest Council and may be shared with other early years providers and government agencies where necessary as part of the process of funding the free entitlements