**9.1b Application to join**

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| **Personal details** | | | | | | | | | | | | | | | | | |
| First name(s) of child: | |  | | | | | | | | | | | | | | | |
| Surname of child: | |  | | | | | | | Date of birth: | | | | |  | | | |
| Gender | | * Male * Female | | | | | | | | | | | | | | | |
| Full address: |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode: | | |  | | | | | |
| Parent/carer name (1): | |  | | | | | | | | | | | | | | | |
| Relationship to child: | |  | | | | | | | | | | | | | | | |
| Full address (if different): | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode: | | |  | | | | | |
| Daytime/Tel/  work tel: |  | | | | Home: | |  | | | Mobile: | | | | |  | | |
| Email address | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Parent/carer name(2) | |  | | | | | | | | | | | | | | | |
| Relationship to child | |  | | | | | | | | | | | | | | | |
| Full address (if different) | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | Postcode | | |  | | | | | |
| Daytime/ work tel: |  | | | | Home: | |  | | | Mobile: | | | | |  | | |
| Email address |  | | | | | | | | | | | | | | | | |
| **Occupation of the parent(s) with whom the child lives with. This is strictly for our COVID criteria so we can identify the key worker in the event of an immediate lock down.**  ………………………………………………………………………………………………….  **National insurance number(s)** ………………………………………………………………………………………………….  **Parents Date of Birth with whom the child lives** ………………………………………………………………………..…………………………  **Please state if your child has any allergies and give details:**  ………………………………………………………………..……………………………………………………..  **Does your child suffer from asthma;** Yes/ No **Does he/she use an inhaler?** Yes/ No  **Does your child have any additional needs or disabilities?** Yes/ No  **Please give details** ……………………...………………………………………………………………………………………………………….  **Does your family have a social care worker for any reason?** Yes/No  **Name** ……………………………………………………………………………………………  **Based at** …………………………………………………………………………………………  **Contact Number** ………………………………………………………………………………...  **What is the reason for the involvement of the social care department?** .................................................................................................................................................................  ………………………………………………………………………………………………………………………  **Additional Information**  Child's ethnicity....………………………………………………………………………………………….  Religion ....………………………………………………………………………………………….  Any cultural/religious considerations/ celebration's to note. E.g. no blood transfusions/vegetarian:  ……………………………………………………………………………………………………………………….  Childs first language……………………………………………………………………………………………….  What language(s) is/are spoken/heard at home? …………………............................................................  If English is not the main language spoken at home, will this be your child’s first experience of being in an English speaking environment? Yes / No  **Government information for Early Years Pupil Premium**  Is your household income over £16,190 per year? (Please tick the appropriate).  Yes No Not sure  If you have ticked yes, you do not need to complete the rest of this section.  If you ticked no, please tick the following benefits if you are in receipt of any listed below:  • Income Support  • Income-based Jobseekers Allowance  • Income-related Employment and Support Allowance  • Universal Credit.  • Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999  • the guarantee element of State Pension Credit  • Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190  • Working Tax Credit run-on  **ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENTS ORDER**  If your child has left care through adoption, special guardianship or a child arrangements order, you should complete the following section and attach a copy of the relevant court order:  Has your child been adopted from care?  Yes No  If you have ticked yes in the previous question, have you been granted an adoption order by the courts yet?  Yes No | | | | | | | | | | | | | | | | | |
| Funding Code | | |  | | | | | | | | | | | | | | |
| Preferred start date: | | |  | | | | | | | | | | | | | | |
| **Please tick the sessions you would like your child to attend** | | | | | | | | | | | | | | | | | |
| [Morning] 9 to 12 pm | | | | □ Monday | | □ Tuesday | | □ Wednesday | | | | | □ Thursday | | | | □ Friday |
| [Afternoon] 12.30 to 3.30 | | | | □ Monday | | □ Tuesday | | □ Wednesday | | | | | □ Thursday | | | |  |
| This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available.  **Please note that completion of this form does not guarantee a place for your child.**  Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child’s birth certificate is required at this point with a copy made for our file.  If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice). | | | | | | | | | | | | | | | | | |
| Signed parent/carer (1): | | |  | | | | | | | | Date: | | | | |  | |
| Signed parent/carer (2): | | |  | | | | | | | | Date: | | | | |  | |
| **Please be advised that this application form and offer of a place is subject to [our/my] terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.** | | | | | | | | | | | | | | | | | |