



Maybury Primary School Walton Road WOKING Surrey GU21 5DW

Tel: 01483 763272 Email: info@maybury.surrey.sch.uk

# **Nursery Application Form**

In order to be considered in the initial allocation of Nursery places this form should be returned to school by 31<sup>st</sup> March 2021

- Please note that completing this form does not guarantee a place
- Please read the Nursery Admissions policy before completing this form
- If you believe you meet the criteria for 30 hours free entitlement for 3-4 year old children, you must obtain an 11-digit eligibility code from HMRC see <u>www.surreycc.gov.uk/30hourschildcare</u> for details of how to apply. We need this code before we can offer a 30 hour place in the nursery. Please fill in the form in block capitals and sign it
- Please return to the school by the closing date
- You will be notified by the school if your child has been allocated a place after the closing date
- Please contact the school if you have any queries concerning completion of this form.
- Please complete and return to the school office with a copy of the Birth Certificate/Passport

1. Child's Details		
Child's Last Name:		
First Name:		
Middle Name:		
Child's Date of Birth :		Gender: Male/Female
Child's Home address:		
(this must be the child's		
normal place of residence and not a		
relative or carer's address)		
	Postcode	

2.Parents/Guardians/Carer's Details							
Title:	Mr/Mrs/Miss/Ms/	Mr/Mrs/Miss/Ms/					
Surname:							
First Name:							
Relationship to Child:							
Address (if different from that							
of the child given above)							
Daytime telephone number:							
Mobile telephone number:							
Email address:							

Emergency Contact Telephone Numbers if unable to contact parent: (e.g. relative,	Name:	Home Tel:
neighbour)	Relationship:	Mobile Tel:
	Name:	Home Tel:
	Relationship:	Mobile Tel:

3. Preference Details	
Please tick under which criterion you are applying for a nursery place	Please tick
	in this
	column
Looked after and previously looked after children	
(If the child is already in public care of a local authority or has previously been in care, please state	
which Local Authority and provide evidence with your form).	
If there has been any involvement with Children's Services please provide information including dates	
etc:	
Where there is a social or medical need for a place at the nursery school	
(E.g. does your child have any special education needs, special social needs or a disability?	
Are they supported by Social Services, a Speech Therapist, Educational Psychologist, Portage or Child	
and Family Guidance? An application will not be considered under this criterion unless independent	
evidence is provided. As such, please provide further details together with any relevant	
documentation):	
Where a child has a sibling attending the main school at the time of admission or is expected to have	
a sibling attending the main school.	
Please provide name(s) and date(s) of birth of siblings and year group(s) expected to be in at	
September 2021.	
1. NameYear Group	
2. NameYear Group	
3. NameYear Group	
Children who will turn 4 years old between 1 September 2020 to	
31 August 2021 (this is to give priority to older children who will be due to transfer to	
<b>31 August 2021</b> (this is to give priority to older children who will be due to transfer to Reception in the next academic year and hence only have one year left to attend nursery).	
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#### 4. Nursery Sessions

Please note: All three year olds are entitled to 15 hours of free entitlement (the term after their third birthday) per week in term time.

You may also be entitled to an additional 15 hours (totalling 30 hours) per week in term time when:-

• Both parents (or sole parent in single parent family) are in paid employment, each must have a weekly minimum income equivalent to 16 hours of work at minimum wage or living wage and earn no more than £100,000 per annum. For more information, please visit <a href="https://www.surreycc.gov.uk/30hourschildcare">www.surreycc.gov.uk/30hourschildcare</a>.

If you are applying for the 15 hours of entitlement only, please fill in the box below. (Top up sessions are available at cost subject to availability, please enquire).

	ease indicate your preferred sessions by stating 1s the box	Please indicate preference in this column				
1	Five morning sessions Monday-Friday 8.30am-11	.30am = 15 hours				
2	2 Five afternoon sessions Monday-Friday 12.15-3.15pm = 15 hours					
	OR, If you are applying for the 30 hours of extended entitlement please fill in the box below					
3	3 All Day Monday to Friday 8.30am – 3.15pm = 30 Hours free due to eligibility for 30 hours free entitlement. Eligibility code shown below*. (subject to availability)					
Pa	Parent/carer National Insurance Number: 30 hours eligibility code (11 digits):					
4	4 All Day Monday to Friday but NOT eligible for 30 hours, so 15 hours funded and 15					
	hours fee paying at £14 per session and subject to	o availability				
(*:	30 hours will be subject to an eligibility check)					

All places will be allocated in accordance with Nursery Admissions Policy. Please note: Preferences cannot be guaranteed as sessions are allocated subject to availability which may result in your child being offered a place at either one of the session options outlined above.

5. Medical Information					
Name of Doctor	:	Address of Do	ctor:		
Doctor's Tel:					
Any known prot	plems in: (*ple	ease delete as applic	able)		
Hearing	*YES/NO	Hearing Aid Worn	*YES/NO	Details:	
Vision	*YES/NO	Glasses Worn	*YES/NO		
Speech	*YES/NO	Dominant Hand	*Left/Right		
Allergies	*YES/NO	If 'YES' please specify:			
Any Other Healt		Please specify:			
(e.g. Asthmas, Diabetes etc)					

6. Personal Information								
Dietary Needs (Please ind	icate belov	w)						
Halal foods only	Not all	Not allowed beef		Vegetarian food only			Kosher Foods	
Not allowed pork							only	
How will the child get to school (please tick as appropriate)								
Bus		Car Share		Train				
Car		Cycle		cle Walk		k		
		Religion:						
Main language spoken at home:		First Langua	age spoke t	to chi	ld:			

Asian or Asian British:	Black or Black British:	Chinese or Chinese British:
Bangladeshi	African	Chinese
Indian	Caribbean	Any other Chinese background
Pakistani	Any other Black background	
Any other Asian background		
Mixed:	White:	
White and Asian	British	Welsh
White and Black African	English	Gypsy Roma
	Lui a la	Any other white background
White and Black Caribbean	Irish	/

### 8. Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium 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 teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For Further details see <u>https://www.surreycc.gov.uk/people-and-community/family-information-service/education-and-learning-advice-for-families/early-learning/parents-guide-to-the-early-years-foundation-stage/early-years-pupil-premium</u>

Please complete the details below: Parent/Carer details

Title:	Mr/Mrs/Miss/Ms/	Mr/Mrs/Miss/Ms/
Surname:		
First Name:		
*National Insurance Number:		
* Date of Birth:		
I wish the school to claim EYPP		
Signature(s):		

9.	Additional	Information,	e.g.	special	educational	needs,	delayed	speech.
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Any additional information you would like to share?

#### 10. Permission for short walks

Occasionally short walks are organised by the school to local places of interest as part of their learning experience. These walks are always assessed before they are undertaken.

I give permission for my child to take part in short walks to local places of interest:

Signature of Mother:	Date:
Signature of Father:	Date:

#### Parent/Carer Declaration and Signature of Parent/Carer:

I wish to apply for a place at Maybury Primary School Nursery and I have indicated the criterion under which I am applying for that place.

I certify that I am the person with parental responsibility for the child named in Section 1 and that the information given is true to the best of my knowledge and belief.

I understand that if I give any false or deliberately misleading information on this form and/or supporting documents, or withhold any relevant information, this may lead to the withdrawal of an offer of nursery school place for my child. I understand that the school reserves the right to amend its provision of nursery.

Signature of Mother:	Date:
Signature of Father:	Date:

## Please provide the school office with a copy of your child's Passport or Birth Certificate.

Office Use Only				
Copy of birth certificate	FEET Check	Y/N	15 Hour top up check	Y/N
Added to waiting list	Date:		Initials:	