



NEW MILLSIDE PRE-SCHOOL – APPLICATION FORM

Please complete our application, circle where appropriate & return to us, either via email to office@newmillsidepre-school.co.uk or post in our post box outside our main door. Please sign the consent on the back of the application.

Privacy statement: We will only use this information to process your application. We will not use this information for marketing purposes and will not share this information with any third parties, unless required to do so by law.

Childs Legal First Name			Middle Name(s)	
Legal Surname				
Preferred name(s) if different from above:				
Date of Birth			Gender	
Parent/Carer 1 Name			Parent/Carer 2 Name	
Relationship to child			Relationship to child	
Full Address, including postcode (where child resides)				
Telephone Parent/Carer 1			Telephone Parent/Carer 2	
Email Address (1)				
Email Address (2)				

Please see our Educational Funding Policy, Fees Policy and Term Dates when deciding on when you would like your child to start at our preschool and which funding type you are selecting below. Funding becomes available the term after the child's 3rd birthday, or 2nd birthday if entitled to 2 year funding. 9+month funding may be available during the term your child turns 2, if eligible. Please note, children can only attend from the age of 2. Non-funded sessions are available which are charged per session, please see our website & fees policy.

I/We wish to apply for our child to join New Millside Pre-school from:		TERM & YEAR i.e AUTUMN 26 / SPRING / SUMMER							
I/We would like our child to attend on the following sessions: <i>Session times are shown below and cannot be adjusted, e.g., your child cannot be collected at 3PM.</i>									
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
All day 9-3.30		All day 9-3.30		All day 9-3.30		All day 9-3.30		All day 9-3.30	
AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30
New Millside will aim to give you your choice, but this isn't always possible. Please let us know if you are flexible with the sessions you have selected:									
I am flexible with sessions					I require only the sessions selected above				

If your child will be 2 when they start, please circle the appropriate statement:

<input type="checkbox"/> I will be paying for sessions		9+ month funding code for eligible working parents <input type="checkbox"/> I have the code <i>OR</i> <input type="checkbox"/> I am applying	
2 Year Funding Code for eligible working parents: <input type="checkbox"/> I have the code <i>OR</i> <input type="checkbox"/> I am applying		2 Year Funding Code for families who receive some additional government support <input type="checkbox"/> I have the code <i>OR</i> <input type="checkbox"/> I am applying for the code	
If 3 & 4 year funded when they start, please tick the appropriate statement:			
<input type="checkbox"/> I will only be claiming the 15 funded hours		<input type="checkbox"/> I have the 30 hour code <i>OR</i> <input type="checkbox"/> I am applying for the 30 hour code	

Does your child currently attend another setting						YES		NO
IF you answered YES to the above question, will your child continue to attend the other setting when they have a placement here						YES		NO
IF you answered YES to the above question and your child will be funded when they attend here, which funding offer is your child receiving/received from the setting they attend/attended.						TERM TIME ONLY (38 weeks a year)	STRETCHED OFFER (45, 52 Weeks a year etc)	

Does your child have any additional needs, medical needs and/or other professionals involved?						YES	NO	
If yes please specify,								
Do you have any concerns about your child's development?						YES	NO	
If yes please specify,								
Have you had a child at our pre-school before			YES, they currently attend			YES, they no longer attend		NO
How did you hear about us?								

I would like more information regarding:

9+ month funding for working families	2 Year Funding for working parents	2 Year Funding for families who receive some additional government support	15 Universal Funding Hours	15 Extended Funded Hours (30 Hour Code)
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DATA PROTECTION STATEMENT

New Millside Pre-school will process and be in control of the data provided on this form. The information which you provide in this form and any other information obtained or provided during the application process ("the information") will be used for the purpose of assessing both your and your child's requirements in relation to the interests of our pre-school.

If you choose not to accept a place at the pre-school, the information will be securely destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your child's file and we will be entitled to process it for all purposes in connection with your child's development.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner if you are unhappy with the way in which the information has been used.

Should you no longer require a place, please let us know immediately. Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records, which are in our Welcome Pack, this will be provided to you once sessions are agreed.

I/WE CONSENT TO MY/OUR PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Print Name:..... Signed:..... Date:.....

Print Name:..... Signed:..... Date:.....

Please remember to keep your details up to date with us, you can update us by emailing office@newmillsidepre-school.co.uk

A lot of our communication is sent via email, to avoid missing our emails please add us as a contact and check junk/spam mailboxes.

For Office Use Only		Date received:						Start Date:						SEN/SIBLING/CATCHMENT			
Sessions Sent:		(AM)	M	T	W	Th	F	Sessions Agreed:		(AM)	M	T	W	Th	F	Notes:	
		(PM)	M	T	W	Th	F			(PM)	M	T	W	Th	F		
Initial Email	Sessions Sent	Sessions Agreed	Section A Welcome Pack Sent via email				Sec B Welcome Pack Sent: EMAIL/PRINTED				Welcome Pack Returned						