



# Prior's Mill C.E. Primary School

Prior's Mill CE Primary School Preschool & Nursery application Form  
3yr old 15-hour and 30-hour applications

**PLEASE ENSURE YOU HAVE PROVIDED A COPY OF YOUR CHILDS BIRTH CERTIFICATE ALONG WITH THE APPLICATION FORM SO YOUR APPLICATION FORM CAN BE PROCESSED**

**Provision applying for (please tick)**

3yr old 15hours	3yr old extended hours with 30 hour code	3yr old extended hours paid (no code)

**If applying for 3yr old 30hours free childcare please visit**

**<http://stocktoninformationdirectory.org/kb5/stockton/directory/service.page?id=DKuodR9SsOI> or contact the school directly.**

Parent/Carer National Insurance Number	30 Hours Eligibility DERN Code: (i.e. 50001234567)

**Child's details**

Legal forename			
Legal surname			
Name by which child is known (if different to legal name)			
Date of Birth		Gender	

Age on application	
Ethnicity	
Additional information (allergies, medical, speech etc.)	
Home language	
Address	
Post code	
Health visitor name	
Health visitor contact number	
Other agencies working with my child e.g. speech and language services/ paediatrician etc.	
Name	Contact Number

**Parent/Carer details**

Name	Address	Does the child reside at this address?	Contact telephone number
Mother			
Father			
Other carer			
Contact email address			

**Early Years Pupil Premium (EYPP) 3 & 4 year olds only**

The Early Years Pupil Premium (EYPP) is an additional sum of money paid to childcare providers for children of families who 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.

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:

Parent/Carer Forename:	
Parent/Carer Surname:	
Date of Birth:	
National Insurance Number/NASS Number:	

<b>Eligibility Criteria</b>	<b>Please tick</b>
Income Support	
Income-based Jobseeker's Allowance	
Income related Employment and Support Allowance	
Support under part VI of the Immigration and Asylum Act 1999	
The guarantee element of State Pension Credit	
Child Tax Credit (with no Working Tax Credit) annual income is no more than £16,190	
Working Tax Credit run-on	
Universal Credit	
Looked After Children – looked after by Local Authority (LA will identify children who are eligible)	
Looked After Children – through adoption (childcare provider must sight and retain evidence)	
Looked After Children – through special guardianship (childcare provider must sight and retain evidence)	
Looked After Children – through child arrangement order (childcare provider must sight and retain evidence)	

**Disability Access Fund Declaration - 3 & 4 year olds ONLY**

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.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?	<b>YES</b>	<b>NO</b>
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:		

**Declaration**

I (PRINT Name) .....

Of (PRINT 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 (PRINT provider name):.....

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	
Signed	
Print name	
Date	

For office/school use only		
Date place offered		
Date place accepted		
Stay and play visit date		
Childs start date		
Dates and visits confirmed	YES	NO
Signed		