

# Parental Preference for Early Years Funded Education (3 and 4 Year old provision)

**This form must be returned to the Admissions and Transport Team by 25th May 2018. Places will be allocated Friday 12th October, 2018. Only complete this form if your child is born between 01/09/2015 – 31/08/2016.**

This provision for 3 and 4 yr olds is not obligatory - children are not required to attend, however, once the parent has decided they wish to secure a place for their child there will be an expectation that the child will attend.

Please supply a **copy** of the child's birth certificate at time of application

## Setting

Monday No. of funded hours	Tuesday No. of funded hours	Wednesday No. of funded hours	Thursday No. of funded hours	Friday No. of funded hours	Total no. of Funded Hours (Max. of 12.5)
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

Does your child already attend this setting? YES  NO   
If **YES** please indicate whether they access

A. Flying Start Start date ...../...../.....  
B. Fee paying Child care Start date ...../...../.....

Will you require additional hours at this setting? YES  NO

The admissions team will only be allocating a place for the funded 12.5hrs of early years education, should you want to access additional hours you will need to contact the setting directly.

Parents and carers may choose to send their child to up to two approved settings, provided there is a place available. Only complete the 2nd Setting information if you want to share your child's entitlement across two different settings ( Please indicate a maximum of 12.5hrs across the two settings).

## 2nd Setting

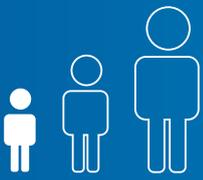
Monday No. of funded hours	Tuesday No. of funded hours	Wednesday No. of funded hours	Thursday No. of funded hours	Friday No. of funded hours	Total no. of Funded Hours (Max. of 12.5)
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

Does your child already attend this setting? YES  NO   
If **YES** please indicate whether they access

A. Flying Start Start date ...../...../.....  
B. Fee paying Child care Start date ...../...../.....

Will you require additional hours at this setting? YES  NO

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Childs DETAILS		
Child's Legal Surname	Child's Legal Forename	Middle Name(s)
Date of Birth D/M/Y .....	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	If TWIN, Please tick box and complete an application form for each child <input type="checkbox"/>

Child's Address (This must be the normal and genuine residence of the parent / carer who has care of the Child, that is, the address at which the Child will reside)

.....  
 .....  
 ..... Postcode .....

**Which Authority do you pay your Council Tax to?** .....

If a Powys resident please state your Council Tax Reference number .....

SIBLING DETAILS :			
Please give full names and date of birth of any siblings, who are attending the preferred setting that you are applying for. (Sibling includes half-siblings, step siblings and foster children living in the same household).			
Sibling Legal Name	Date of Birth	Setting	Relationship to Applicant
Please provide sibling Address – only if different from applicant			

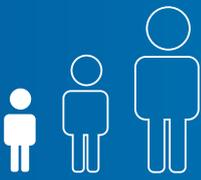
## ADDITIONAL LEARNING NEEDS

Does your child have any physical or mental health conditions, illnesses or impairments, lasting, or expected to last, 12 months or more?    Yes     No     Don't Know

Does your child have any health conditions, illnesses or impairments which affect your child in the following areas? Please choose **ALL** that apply. If you wish to describe your child's condition in further detail please attach further information.

If you tick any of the following questions, please attach medical evidence such as a letter from your consultant / GP or medical practitioner.

<input type="checkbox"/>	Vision ( for example blindness or partial sight)
<input type="checkbox"/>	Hearing (for example deafness or partial hearing)
<input type="checkbox"/>	Mobility ( for example walking short distances or climbing stairs)
<input type="checkbox"/>	Does the Child use a wheelchair/Kwalker
<input type="checkbox"/>	Dexterity (for example, lifting and carrying objects or using a keyboard)
<input type="checkbox"/>	Learning or understanding / concentrating ( for example associated with dyslexia or Down's syndrome)
<input type="checkbox"/>	Stamina or breathing fatigue/asthma
<input type="checkbox"/>	Other medical condition ( please describe)



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## INVOLVEMENT WITH OTHER SERVICES: Please tick box and provide contact details below

Educational Psychologist	<input type="checkbox"/>	Contact Name	Tel
Hearing Support Service	<input type="checkbox"/>	Contact Name	Tel
Visual Support Service	<input type="checkbox"/>	Contact Name	Tel
Health Visitor	<input type="checkbox"/>	Contact Name	Tel
Social Services	<input type="checkbox"/>	Contact Name	Tel
Medical Consultant	<input type="checkbox"/>	Contact Name	Tel
Flying Start	<input type="checkbox"/>	Contact Name	Tel

## OTHER INFORMATION

Is the child a:  
 Looked after child  Previously looked after child  Not applicable

For previously Looked After Child please provide supporting evidence such as an Adoption Certificate.

Social Worker's full name ..... Contact Tel No.....

As the Social Worker for this Looked After Child I confirm that this application has been fully endorsed and the 1st Preference pre-school provision named above is the most appropriate to meet their needs.

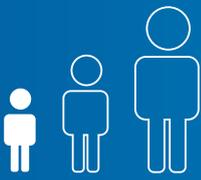
Signed .....

Please indicate if the Child is of:  
 UK Service Personnel Yes  No  Traveller Family Yes  No

## PARENT / GUARDIAN DETAILS

Title Dr / Rev / Mr / Mrs / Miss / Ms / Other Full Name	Title Dr / Rev / Mr / Mrs / Miss / Ms / Other Full Name
Relationship to Child e.g Mother, Father, Step-parent, Social Worker, Foster Parent or other relative	Relationship to Child e.g Mother, Father, Step-parent, Social Worker, Foster Parent or other relative
Address  Postcode .....	Address  Postcode .....
Phone Number	Phone Number
Email Address	Email Address

Do you have parental responsibility for the child? Yes  No  Do you have parental responsibility for the child? Yes  No



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## SUPPORTING EVIDENCE

	I enclose a copy of the child's birth certificate
	For the purpose of this application, if I am a Powys resident, I give consent for the Admissions Team to refer to my Council Tax record.
	I do not give consent for the Admissions Team to refer to my Council Tax record and therefore attach a copy of my Council Tax document. If you reside outside of the County of Powys you will be required to provide a copy of your Council Tax document.
	Any other relevant medical evidence regarding the child to support your application. Please specify

Failure to provide all the above relevant information with the application form could result in your application being dealt with as a 'Late Application'

## DECLARATION

- I understand that if my child is allocated a place in a pre school provision it does not guarantee a place in the Reception Class in the school (a separate application will have to be made for a place in a Reception Class in a school at the appropriate time)
- I understand that if the preference is made after the closing date – **25th MAY, 2018**, it may not be possible to offer my child/children a place at the 1st preference setting.
- I understand I have the right to express a preference for the setting where I wish the above child to be admitted and that, if I do not express any preference I may not get a setting place at my preferred setting.
- I have read and understood the published criteria relating to pre-school admissions.
- I understand that I am responsible for the transport, and all cost relating to it, to enable my child to attend the pre school setting.
- I understand that a place may be lawfully withdrawn if the information given on this form is fraudulent or misleading and that steps will be taken to confirm that the correct address has been used.
- I confirm that I am the legal guardian holding parental responsibility for the Child concerned and that all of the information included on the application form is true to the best of my knowledge.
- I understand that the information I have given on this form is to be held by the Council subject to the provisions of the Data Protection Act 1998 (as amended) and that the information will be used for the purpose of processing my application but may also be used for the detection and prevention of fraud. I also understand that the Council may, subject at all times to the provisions of the Data Protection Act, share this information with third parties.

Signature

Date

**Please return this form to Admissions & Transport Section, Schools Service, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG**

DATE RECEIVED	FOR OFFICIAL USE ONLY	NOTES
	DATE ENTERED ONTO SYSTEM	