**Aston and Cote Church of England Primary School**

“*Aspiring to be the people God created us to be by growing the talents He gave us.”*

Tel: 01993 850435 Cote Road

Aston

Email: [office.3120@aston-and-cote.oxon.sch.uk](mailto:office.3120@aston-and-cote.oxon.sch.uk) Bampton

Website: [www.aston-and-cote.oxon.sch.uk](http://www.aston-and-cote.oxon.sch.uk) Oxfordshire

Headteacher: Mrs Melody ChadwickOX18 2DU

## **NURSERY ADMISSION APPLICATION FORM**

Please complete the form below and return to the school office at the above address. Places are allocated at the earliest for the term after your child turns two and a half, ie. January, Easter and September. Our sessions are 9am – 12pm and 12pm – 3pm. Our Early Starts session runs from 8.30am – 9am and is charged per day.

Child’s surname:

…………………………………………………………………………………………………...

Child’s forenames:

……………………………………………………………………………………………………

Child’s date of birth: ………………… Sex: Male / Female

Home address:

……………………………………………………………………………………………………………………

Parent/Guardian:

……………………………………………………………………………………………………………………

Address (if different):

……………………………………………………………………………………………………………………

Telephone number: …………………….. Email: …………………………………………….…

Preferred Start Date (please select and add the appropriate year): September ……..

January …… April ……

Name and year group of any siblings currently attending Aston & Cote CE Primary School

………………………………………………………………………………………………………………………………………………………………

Current Nursery provider, if any:

……………………………………………………………………………………………………

Additional information the school should be aware of:

…………………………………………………………………………………………………………………………………………………………

# **Session Choice**

# We would like our child to attend on the following days/sessions – please tick or type X by your preferred option below:

# **3 and 4 year olds:**

# Block 1 - mornings only Monday to Friday am (\_\_\_\_\_)

# Additional afternoon sessions (subject to availability): ………………………………………

# Block 2 - Monday and Tuesday all day, Wednesday am (\_\_\_\_\_)

# Additional sessions (subject to availability): …………………………………..

# Block 3 - Wednesday pm, Thursday and Friday all day (\_\_\_\_\_)

# Additional sessions (subject to availability): ………………….

# Block 4 - Monday to Friday all day (30 hours funding) (\_\_\_\_\_\_)

# **2 ½ year olds (morning sessions only 9am to 12pm):**

Monday (\_\_\_\_\_) Tuesday (\_\_\_\_\_) Wednesday (\_\_\_\_) Thursday (\_\_\_\_\_) Friday (\_\_\_\_\_)

# **Early Starts 8.30am to 9am** – (£3 per session per day)

Monday (\_\_\_\_\_) Tuesday (\_\_\_\_\_) Wednesday (\_\_\_\_) Thursday (\_\_\_\_\_) Friday (\_\_\_

**Deposit:**

I enclose a refundable\* deposit of £50 to confirm the place. (\_\_\_\_\_\_)

Cheques to be made payable to OCC.

\*If a child is only accessing their government funded free entitlement hours, then this fee is refundable and will be returned to you once your child has completed their first half term.

If we find that we no longer need the place, we will inform the setting as soon as possible.

# **Early Years Funding**

Is your child entitled to early years free childcare? Yes / No

*(This is the 15 hours for free childcare available for 3 to 4 year olds and some 2 year olds)*

What is your child’s 2 year old funding reference number? …………………………..

*(This is a 10 digit reference number that must be provided if your child is entitled to the 15 hours of free childcare)*

Is your child in receipt of Working Families funding? Yes / No

Working Families 30 hour eligibility code: ……………………………….

*(This is an 11 digit code that must be provided if your child is entitled to the extended 30 hours of free childcare)*

National Insurance Number: ……………………………………

(This is needed to check eligibility for Working Families funding)

Is your child in receipt of Early Years Pupil Premium? Yes / No

If so, please state the eligibility reason:

* In receipt through economic reasons (\_\_\_\_)
* In receipt through other reasons (\_\_\_\_)
* In receipt through economic reasons and other reasons (\_\_\_\_\_)

Is your child eligible for the Disability Living Allowance (DLA)? Yes / No

*(Used for checking the eligibility of the Disability Access Fund)*

Are there any agencies involved with your child? ……………………………………..

……………………………………………………………………………………………

Does your child have an Education and Healthcare Plan? Yes/No

If so, please let us know which Authority? …………………………………………..

Does your child have any additional needs? …..………………………………………

……………………………………………….……………………… ……………

Is the child a young carer? Yes / No

# **Parent, Guardian or Carer’s information for funding eligibility**

*If you believe your child is eligible for additional funding, please provide your details below so that we can carry out eligibility checks.*

## Parent/Guardian 1:

First Name: ………………………………………..

Surname: ……………………………………….

Date of Birth: …………………………………….

National Insurance Number: ……………………………………

## Parent/Guardian 2:

First Name: ………………………………………..

Surname: ……………………………………….

Date of Birth: …………………………………….

National Insurance Number: ……………………………………

## Previous Education:

Name of Previous School (if applicable) :………………………………………

I confirm that the above information is correct and consent to my information being used to check funding entitlement.

Signed: …………………………………………..

Date: ………………………………………….

Places for our Nursery class will be allocated the term before they are due to start so please ensure your details above are correct for us to make contact with you. Please visit our website for further information on the 30 hour funding.