

## Pre-Admission Form - Nursery Place

Child's name:	Date of Birth: (Please provide full Birth Certificate)
Address: (Please provide proof of Address)	Sibling attending Welbourne:
Telephone: Email:	
Mother's Name: Date of Birth: National Insurance Number:	Father's Name: Date of Birth: National Insurance Number:

**Please mark any that apply**

(Before confirmation of a nursery place, we will need to see evidence of each)

(Yes/ No) **Evidence Needed:**

Does your child have a special educational need?		(Evidence needed: e.g., letter/ referral from GP/ Health visitor)
Does your child have a social or medical need?		(Evidence needed: e.g., letter/ referral from Social Worker, Family Support Worker, GP)
Are you housed in temporary accommodation?		Letter from council
Are you an asylum seeker?		Supporting documents

**Oversubscription Criteria**

(Yes/ No) **Evidence needed:**

Is your child a sibling of a child with a disability/ complex needs		e.g., letter/ referral from GP/ Health visitor
Is your child in a family on a low income or claiming benefits		Income Support letter JSA
Does your child have English as an additional language		Which Language
Is your child from a family with a number of pre-school age children (0-5yrs)		Birth certificates of siblings

**Please mark in order of preference (e.g. 1<sup>st</sup>, 2<sup>nd</sup>).**

AM -Monday-Friday 8.55-12.00	
PM -Monday-Friday 12.30-3.30	
All day Monday – Friday 8.55am to 3.30pm. <u>30 hours funded places ONLY for working parents who qualify by apply to the HRMC</u> <a href="https://www.gov.uk/apply-30-hours-free-childcare">https://www.gov.uk/apply-30-hours-free-childcare</a> <ul style="list-style-type: none"> <li>Both working-Employed or Self Employed</li> <li>Lone Parent working 16 hours per week, earning the National Minimum Wage</li> <li>Zero hour contract-calculated on an average earning</li> </ul>	HMRC eligibility code

*Office use only*

Date Received: \_\_\_\_\_

Evidence of DOB & ADDRESS Y/N