



AMBLE LINKS FIRST SCHOOL

2 YEAR OLD PROVISION APPLICATION FORM



(tick as appropriate)

☐ **Free Child Care** - Parents should contact the Local Authority to see if they are eligible for Free Child Care by telephoning 01670 623594 or email fis@northumberland.gov.uk. **If eligible you will receive a letter from the Local Authority which must be produced when applying for a free place.** Children can access a place the term after their second birthday. Priority is given to those children who are eligible for a free funded place. Free child care is 15 hours per week.

☐ **Paid provision** – Places are currently available for paying families in Little Pebbles. To access a paying place parents must register their details with the school. Places are offered as they become available. Children can access a place from the term after their second birthday. (Please note that Priority is given to those children who are eligible for a free funded place).

Child's Full Name:	Gender:
Date of Birth: (We will need to see proof of this through a birth certificate)	Main Language Spoken:
Address: Postcode:	Names and ages of any other children in the family.
Parent's Email address:	

CONTACT DETAILS

In order of call preference please give full name and details of parents and other responsible adults who can be contacted in case of an emergency.

Name	Relationship to Child	Home contact number	Mobile contact number

PLEASE GIVE DETAILS OF ANY PREVIOUS CHILDCARE/NURSERY PROVISION ATTENDED

(We will seek information from any providers to ensure the smoothest possible transition for your child)

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Any Special Needs?

Name of Health Visitor:

Has the Health Visitor's 27 Month Check been completed: YES/NO	If 'Yes' – please provide a copy
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IMPORTANT

Please give details of any **MEDICAL CONDITIONS, MEDICAL HISTORY or ALLERGIES** that your child has. It is vital we have this information as early as possible to ensure that we are able to provide the appropriate level of support for your child.

Name of Nursery that child is expected to attend

(This information is to help us to predict future numbers)

Name of First School that child is expected to attend

(This information is to help us to predict future numbers)

PLEASE PROVIDE US WITH ANY OTHER RELEVANT INFORMATION YOU FEEL WILL BE USEFUL FOR US TO KNOW (involvement with Children's Services or other support services)

Declaration:

- I confirm that I have received and read a copy of Amble Links First School's 2 Year Old Provision Admissions Policy.
- I understand that receiving a place in nursery does not automatically entitle my child to a place in the Nursery or Reception class at Amble Links First School.
- I understand that if a place is secured, good attendance is expected.

PARENT'S SIGNATURE: _____ **DATE:** _____

NAME: _____

For Office Use Only

Application Form Received Date		
Funding Stream	FUNDED	PAID
Funding Letter Received Date		
Copy of Birth Certificate Received Date		
Term Eligible to Start		
Data Collection Pack Issued		
Data Collection Pack Returned		