

**ECONOMY AND SKILLS  
EARLY LEARNING & CHILDCARE**

**EARLY LEARNING AND CHILDCARE APPLICATION FORM 2017 - 2018**

**Please read the Early Learning and Childcare Admissions leaflet before you complete this application. Please fill in all sections of this form giving as much information as possible**

Please return a hard copy of this form to the **centre** of your **first choice** as soon as possible. If you have any questions or concerns regarding this application, please call the centre and the form can be completed with the assistance of the Head of centre/partner provider.

**Eligibility**

If your child's date of birth is on or between: He/She will be eligible for a funded place from:

1 March 2013 – 28 February 2014

August 2017 (the Autumn term)

**Three year old place**

Children become eligible for a funded three year old place in the month after their third birthday according to set dates.

If your child's date of birth is on or between: He/She will be eligible for a funded place from:

1 March 2014 – 30 November 2014

the Autumn term 2017

1 December 2014 – 28 February 2015

the Spring term 2018

Three year old children will normally become eligible for a place in the month after their third birthday. This relates to children who are currently entitled to a place in any one academic session i.e. children whose date of birth is between 1 March and the last day of February. Children whose birthdays fall on or between 1 March and 31 July will still be entitled to an early learning and childcare place in the following academic session i.e. August.

Eligible children will be able to access a place from the first Monday of the month after their 3<sup>rd</sup> birthday (Tuesday if there is a public holiday)

However, it is acknowledged that staggered entry dates may be required due to the number of eligible children in any given month. Therefore, where this applies, centres will have 10 days to admit all eligible children.

The table below sets out the months of eligibility:

<b>Birthday</b>	<b>Eligible Month</b>	<b>Term</b>
March 2014	August 2017	Autumn
April 2014	August 2017	Autumn
May 2014	August 2017	Autumn
June 2014	August 2017	Autumn
July 2014	August 2017	Autumn
August 2014	September 2017	Autumn
September 2014	October 2017	Autumn
October 2014	November 2017	Autumn
November 2014	December 2017	Autumn
December 2014	January 2018	Spring
January 2015	February 2018	Spring
February 2015	March 2018	Spring

**ECONOMY AND SKILLS  
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**EARLY LEARNING AND CHILDCARE APPLICATION FORM 1A**

**EARLY CHILDHOOD CENTRES AND PARTNER CENTRES**

Child's name .....	Date of birth.....
Home Address.....	
Post Code.....	Telephone Number.....
Name of Parent/Carer.....	
Address (if different from above).....	
Telephone Number (if different from above).....Mobile.....	
Childs Health Visitor.....	
GP Practice Address.....	
Tel No.....	

<b>BAND</b>
1
2
3
4
5
6
<b>FLEXIBLE BAND</b>
A
B
C
D
E

Name of centre applied to:

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

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It may not always be possible to offer you an early learning and childcare place in the centre which is your 1<sup>st</sup> choice. Therefore please indicate a 2<sup>nd</sup> choice.

**Please note : All application forms must indicate a 2<sup>nd</sup> choice. Application forms which do not submit a 2<sup>nd</sup> choice may not be considered.**

**Sessions requested:** it is not always possible to satisfy your choice of session or pattern of hours but it is helpful to know which times you would prefer and the reasons for this preference  
e.g. employment, further education, training, childcare arrangements etc.

*(Please tick)*

Morning place

Afternoon place

Either

If any other pattern of hours are required, please complete application form 1B

Please detail reason for preference:\_\_\_\_\_

**Name and address of employer/training provider/educational establishment:**

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<b>Work pattern e.g. days, hours of work/study/training:</b>

**Other childcare arrangements:**

How many sessions would you like?  
*Please circle*

1    2    3    4    5

Would you like less than 3hrs 10 minutes:

Yes     No

**Any other relevant information.** If you have any involvement with the agencies listed below please tick the box.

Social Worker	<input type="checkbox"/>	Rainbow House	<input type="checkbox"/>
Psychological Services	<input type="checkbox"/>	Speech Therapist	<input type="checkbox"/>
Community Childminding Service	<input type="checkbox"/>	Any other agency .....	

**Please fill in any other information we should know about your child or circumstances**

.....  
.....  
.....  
.....  
.....

Please give us the name and address of any professional you wish us to contact regarding this application

Name ..... Professional Role.....

Address.....

.....

Telephone no.....

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**This application may be discussed at the Central Admission's Panel.**

**All places will be allocated according to the Council's Early Learning and Childcare Admission's Policy.**

**I declare this is a true statement of my circumstances and agree to contact being made with my Health Visitor or other Professional in relation to this application.**

Signature of Parent/Carer.....

Date.....

FOR OFFICE USE ONLY

Child's Name \_\_\_\_\_

Application received (date)		Referral requested (date)	
Birth Certificate Seen (date)		Referral received (date)	

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**Acknowledgement of receipt of Application**



Childs Name: .....

Date of Birth: .....

Application received and logged by:

(name in block capitals) .....

Signature .....

Application received date .....

Centre Stamp