

# KINCRAIG NURSERY

Kincraig Road, Blackpool. FY2 0HN Tel: 01253 354059 Fax: 01253 354072 Email: admin@kincraig.blackpool.sch.uk

# Request for Place Form – 2, 3 and 4 year olds

If you are interested in a place for your child in Kincraig Nursery please complete this form and return it to:

Kincraig Nursery Kincraig Road Bispham Blackpool FY2 OHN

## **PART 1: DETAILS OF THE CHILD**

All sections marked with # must be completed:

# Surname
# Forename (s)
# Other Surname (s)
# Home Address
# Post Code
# Date of Birth
# Gender
# Please indicate if your child is currently attending another Blackpool childcare setting.
Yes 🗆 No 🗆
If 'yes' please say which

# **PART 2: THE PERSON MAKING THE APPLICATION**

# Your name: Mr/Mrs/Ms/Other (please specify):	
# Relationship to the child:	
# Telephone Numbers: Home: Mobile: Work:	
# E Mail Address:	
If the child is not living permanently with parent(s)/guardian(s) please telephone number of the person the child usually lives with and their r	
# Mr/Mrs/Ms/Other (please specify):	
# Relationship to the child:	
#Telephone Numbers: Home: Mobile: Work:	
# E Mail Address	
# Date when the child started living with the person at this address:	
PART 3: DETAILS OF THE CHILD'S BROTHERS AND SISTERS WHO ALREPRIMARY SCHOOL	ADY HAVE A PLACE AT KINCRAIG
# Name of brother/sister	Date of birth

#### **PART 4: DETAILS OF THE PLACE REQUESTED**

Please refer to the attached fee structure and then indicate which hours you require each day.

Your child is entitled to 5 grant funded sessions a week. A morning is 1 session, an afternoon is 1 session and full day is 2 sessions. Please indicate the 5 free sessions you would prefer, if they are available, and any extra sessions you would like to pay for.

Term Time Only	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 8.45am – 11.45am					
Afternoon 12.15pm – 3.15pm					
All Day 8.45am – 3.15pm					

All children qualify for a grant funded early education session from the term following their 3rd birthday. Nursery Education Grant (NEG) funding is available for all 3 and 4 year olds to a maximum of 55 free educational sessions per term, each session being minimum 3 hours duration. Terms will normally be 11 weeks in length but may be up to 14 weeks. Please note the NEG is paid over 3 terms and does not cover school holiday periods.

Date v	you require	your child's	place to start:	

#### **PART 5: ADMISSIONS CRITERIA FOR 2 YEAR OLDS**

We take children whose parents wish to pay for sessions and children whose parents are entitled to 2 Year Old Grant. You may be entitled to the grant if you meet the criteria below.

Parents/carers will be expected to provide evidence of the criteria relevant to their circumstances.

- 1. Income support
- 2. Income based Job seekers Allowance

1. A child who is looked after by the local authority

- 3. Income related Employment and Support Allowance
- 4. Support under part VI of the immigration and Asylum Act 1999
- 5. The 'Guarantee' element of State Pension Credit
- 6. Child Tax Credit provided you are not entitled to Working Tax credit and have an annual income that does not exceed £16,190

In the event of us not having enough places to meet demand, priority will be given to children who meet the following:

# Is your child 'looked after' (i.e. is your child in public care as defined by the Children Act): Yes $\square$ No $\square$
If your child is looked after; please provide the name of your social worker who can be
contacted to support your application:

- 2. Children with professionally supported educational, medical, emotional or social needs\*

  (\*When deciding whether a child has an educational, medical or social need, the head teacher will consider the child's needs or circumstances, supporting evidence from other professionals, and the availability of nursery classes in neighbouring schools.)
- 3. A child with a brother or sister already attending Kincraig Ducklings Nursery or School and who will still attend the school when the child is admitted.

more information.	s criteria further, please co	ntact the Early Years Leader for
Please state if your child has any of the ab who can be contacted to support your ap social worker. Please note that your perm whose details you give. The information y	plication, for example your ission will be obtained befo	child's doctor, health visitor or ore we contact the person
PART 6: ADDITIONAL INFORMATION		
Health concerns (e.g. asthma, epilepsy)	:	
Language(s) spoken at home:		
Other professionals that may be involved	Name	Contact number
GP		
Dodietricion		
Pediatrician		
Health Visitor		
Health Visitor Speech and Language Therapist		
Health Visitor		
Health Visitor Speech and Language Therapist Portage		
Health Visitor  Speech and Language Therapist  Portage  Physiotherapist		
Health Visitor  Speech and Language Therapist  Portage  Physiotherapist  Dietician		
Health Visitor  Speech and Language Therapist  Portage  Physiotherapist  Dietician  Social Worker		
Health Visitor Speech and Language Therapist Portage Physiotherapist Dietician Social Worker Educational Psychologist		
Health Visitor  Speech and Language Therapist  Portage Physiotherapist  Dietician  Social Worker  Educational Psychologist  Behaviour Support Team	on that you would like to be	e considered during the
Health Visitor  Speech and Language Therapist  Portage Physiotherapist  Dietician  Social Worker  Educational Psychologist  Behaviour Support Team  Other  # Please provide any additional information	on that you would like to be	e considered during the

#### **PART 7: TIMESCALES**

Timescales for dealing with Kincraig Nursery admissions are as follows:

Request for Place Form to be submitted to the Nursery and the parent/carer advised whether or not there is a suitable place available for their child within ten working days of the Request for Place Form being received;

Child to take up the suitable place on a date to be agreed with the Early Years Leader.

An appropriate settling in period for the child will be agreed with the parent/carer and payment will not commence until the child has settled and is ready to take up the place.

### **PART 8: RELEVANT FORMS:**

# Please make sure you have attached the following form: Conv of Right Certificate

# Please make sure you have atta	iched the following form: Copy of Birth Certificate
PART 9: SIGNATURE	
# I agree that the information I ha	ave provided in this form is correct.
Signed:	Date:
Parent/Carers (Print Name)	
Kincraig Nursery is open <u>Term-</u> school holidays.	-Time only and therefore you will not be charged during
the front office, either by cash	n advance each week. Payments can be made to the staff at or cheque. Arrears will not be tolerated and if payments are 's place will be reviewed and potentially withdrawn.
Fees will not be charged for Ba	ınk Holidays.
If your child is absent from Nur for that day.	rsery, you will still be expected to pay for your child's place
If you are looking at changing y minimum of <b>2 weeks notice</b> is	your nursery sessions or wish to cancel your nursery place a required.
I have read the above and und around nursery fees and paym	erstand from reading the Nursery terms and conditions ents what is expected of me.
Signed:	Date: