



Pashley Down Pre-School

Pre-School Application and Booking Form

The information you give on this form will help your child's pre-school to give them the best possible support. It is important that this form is completed as accurately as possible. Personal information will be held on school and Children's Services systems in line with data protection legislation.

Pupil Details

Legal surname: _____

First name: _____ Preferred first name: _____

Middle name(s): _____ Male Female

Date of birth: ____ / ____ / ____

Home address: _____

Town: _____ Postcode: _____

The address is permanent temporary Home telephone number: _____

Nationality: _____ Country of birth: _____

Religion (optional): _____

Pupil's first language: _____ Fluency in English: _____

Language spoken at home: _____

Previous Nursery Attendance

Does your child currently attend or have they previously attended another nursery?

Yes No Name of nursery: _____

Address and telephone number: _____

Dates attended: From _____ To _____

Reason for leaving: _____

Do you give permission for us to contact the previous nursery? Yes No

Additional Support and SEND

Does your child have an Education, Health and Care Plan (EHCP)? Yes No

Is your child receiving additional support?

SEN Support Nursery Based Support Plan (NBSP) Other (please specify):

Are any external agencies involved (e.g. Speech Therapy, CAMHS, Social Services, EYISEND, Educational Psychology)? Please provide details:

Is your child currently or previously looked after by the local authority? Yes No

If yes, please provide details of any social worker or key worker:

Name: _____ Contact details: _____

Medical Information

Gestation at birth (weeks): _____

Did your child require support in hospital after birth? Yes No Prefer not to say

Please tick any medical conditions:

Asthma* ADHD* ASD* Epilepsy* Diabetes* Dyspraxia* Dyslexia* Eczema Hay fever Hearing difficulties Eyesight difficulties Other:

*Please provide a letter of diagnosis where applicable.

Does your child wear glasses? Yes No

Does your child require medication during the nursery day? Yes No

If yes, please provide details (medication, dosage and timing):

Pashley Down Pre-School

Beechy Avenue Eastbourne East Sussex BN20 8NX

Telephone: 01323 730719

e-mail: preschool@pashley.e-sussex.sch.uk

Does your child have any allergies or dietary requirements? Yes No

If yes, please specify: _____

Does your child require an EpiPen? Yes No

Emergency Consent

I/we consent to first aid and emergency medical treatment being given if required.

Signature (Parent/Carer): _____ Date: _____

Emergency Contacts (minimum of two required)

Priority Name	Contact Number	Relationship	Consent to Collect (Y/N)
1.			
2.			
3.			
4.			

Collection password (if applicable): _____

Sessions and Booking Request

Daily Session Structure

- Breakfast Club (paid): **7:45am – 8:45am**
- Core Day (funded where eligible): **8:45am – 2:45pm**
- Extended Day (paid): **2:45pm – 5:00pm**

Requested Days

Monday Tuesday Wednesday Thursday Friday

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Session Booking

Breakfast Club: Mon Tue Wed Thu Fri

Core Day: Mon Tue Wed Thu Fri

Extended Day: Mon Tue Wed Thu Fri

Booking Declaration

- I understand that session requests are subject to availability, confirmation, and the full-day provision model.
- I understand that paid sessions are charged separately from funded hours.
- I understand that bookings are agreed for a minimum of two full terms and that notice to reduce or change booked hours must be given by the published funding review point and will take effect from the end of the following full term.
- I understand that additional or ad-hoc sessions may be requested subject to availability and will be charged at the published hourly rate. These sessions are not eligible to be claimed through Early Years funding.

Full contractual terms apply once a place is formally offered and accepted.

Signature: _____ Date: _____

Early Years Funding

Overview

Some children may be eligible for government-funded early education:

- Universal 15 hours (from the term after a child's 3rd birthday)
- Eligible 2-year-old funding
- Extended 30 hours for eligible working parents

More information can be found at:

www.childcarechoices.gov.uk

Funding Intentions

- We intend to claim Early Years funding
- We will be paying privately
- Unsure / wish to discuss

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Early Years funding can be split between more than one childcare provider, subject to Local Authority rules. Parents/carers are responsible for ensuring that the total funded hours claimed across all providers do not exceed their eligible entitlement. Any hours attended at Pashley Down Pre-School that are not covered by confirmed funding will be charged at the published hourly rate.

If claiming funding, please tick all that may apply:

Universal 15 hours 2-year-old funding Extended 30 hours

I understand that funding is subject to Local Authority approval and may be withdrawn.

I give permission for the pre-school to check funding eligibility.

Deposit

A £100 deposit is required to secure a place once formally offered.

The deposit will be held on account for the duration of your child's place and will be refunded when your child leaves the pre-school, provided all fees and charges have been paid in full.

If the place is withdrawn before the agreed start date, or if fees remain outstanding at the point of leaving, the deposit will be retained.

I understand and agree

Fees and Charges

Full details of fees, charges and payment arrangements are set out in the *Pashley Down Pre-School Fees, Deposits and Terms & Conditions* document, which must be read and accepted in order to secure a place. Invoices are issued monthly via Tapestry and are payable in advance.

Transition and Start Arrangements

Staff will be in post from **1st September 2026**. The first two days will be used to prepare the environment following completion of building works.

Transition Sessions

3-year-olds: Transition sessions on **3rd, 4th, 7th and 8th September 2026**. Full attendance begins **Wednesday 9th September 2026**.

2-year-olds: Transition sessions on the same dates, plus **9th, 10th and 11th September 2026**. Full attendance begins **Monday 14th September 2026**.

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Structured Transition (Non-Negotiable)

1. 30 minutes with parent/carer
2. 1 hour without parent/carer
3. 2 hours without parent/carer

Additional sessions will be provided **before full attendance begins** if required. All transition sessions are free of charge.

Parent Acknowledgement

- I understand and agree to the transition arrangements.
- I understand that additional transition sessions may be required before full attendance.
- I understand that full attendance will only begin once my child is ready.

Consents

- Photographs and media use
- Sun cream application
- Information sharing with health services

Parental Declaration

I confirm that the information provided is accurate and that I will inform the pre-school of any changes.

Signed (Parent/Carer): _____ Date: _____

Please return this completed form to preschool@pashley.e-sussex.sch.uk or the school office.