

# 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.

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### Pupil Details

Legal surname: \_\_\_\_\_

First name: \_\_\_\_\_ Preferred first name: \_\_\_\_\_

Middle name(s): \_\_\_\_\_  Male  Female

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Is this address permanent or temporary? \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Religion (optional): \_\_\_\_\_

Pupil's first language: \_\_\_\_\_ Fluency in English:

\_\_\_\_\_

Language spoken at home: \_\_\_\_\_

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### 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

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## 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):

\_\_\_\_\_

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

If yes, please specify: \_\_\_\_\_

Does your child require an EpiPen?  Yes  No

\_\_\_\_\_

**GP Surgery Name:**

**GP Surgery Address:**

**GP Surgery Telephone Number:**

**Dentist Name (if registered):**

**Dentist Address:**

**Dentist Telephone Number:**

**Health Visitor (if known):**

**Health Visitor Contact Details (if known):**

### Professionals Involved With Your Child

Please indicate whether your child is currently known to or receiving support from any of the following:

Speech and Language Therapy

Occupational Therapy

Physiotherapy

Health Visitor

Early Years SEND Service

Portage

Community Paediatrics

Other (please specify)

### Emergency Consent

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

Signature (Parent/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

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### Emergency Contacts (minimum of two required)

Priority	Name	Contact Number	Relationship	Consent to Collect (Y/N)
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1

2

3

4

Collection password (if applicable): \_\_\_\_\_

Name of any person not permitted to collect your child: \_\_\_\_\_

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### 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

## 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.
- We strongly recommend families remain with us for a minimum of two terms to support children's emotional wellbeing, relationships and learning. However, access to funded early education entitlement hours is not dependent upon committing to a minimum attendance period.
- 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: \_\_\_\_\_

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## 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](http://www.childcarechoices.gov.uk)

### Funding Intentions

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

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.

## Early Years Funding Information

### Parent/Carer 1

- Full Name
- Date of Birth
- National Insurance Number (or National Asylum Support Service Number)

### Parent/Carer 2 (if applicable)

- Full Name
- Date of Birth
- National Insurance Number (or National Asylum Support Service Number)

**This information may be used to check eligibility for Early Years Pupil Premium (EYPP) and other early years funding where parental consent has been given.**

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

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### Deposit

A £100 deposit is payable to secure a place offer. For children accessing funded-only places, the deposit will be refunded within six weeks of the child starting at the pre-school. The deposit may only be retained if a place is accepted and subsequently not taken up.

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**.

### **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.

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### **Consents**

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

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### **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: \_\_\_\_\_

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Please return this completed form to [preschool@pashley.e-sussex.sch.uk](mailto:preschool@pashley.e-sussex.sch.uk) or the school office.