

## Application form for free early education for 3 and 4 year old children 2024 - 2025

Your child can access up to 570 hours (1140 for 30 hours) of free early education per year. Please return the completed form to your preferred provider.

Please note this form is only for local authority early years settings including maintained nursery schools, maintained nursery classes and children's centres.

## Please use block capitals

Name of early years setting y would like your child to atte									
Dark					_				
What is your preferred attendance? (please tick)			<u> </u>	Mon	Tues	Weds	Thurs	Fri	
			am						
			pm						
I would like to access 30	) hours free early	educati	on: 🗌						
30 hours free early education eligibility code:									
Your child's details									
Surname: Firs			t name:						
Address:		Date o	Date of birth:						
		Male	/ Female						
Postcode: Eth			inicity:						
Does your child/family h	nave any involven	nent with	n the follo	wing se	rvices:				
· child development service						Yes	N	lo ol	
· inclusion support service			\			Yes	N	10	
· educational psychology service				Yes			N	Ю	
· ELCAS (East Lancashire Child and Adolescent Service			vice) Yes			Yes	No		
· social care service				Yes			_	Мо	
· CAF (common assessmentframework)						Yes	N	10	
Parent/carer details									
Name:			Name:						
Address:			Address:						
	Postcode:				F	ostcode	2:		
Date of birth:			Date of birth:						
Relationship to child:			Relationship to child:						
Home telephone number:			Home telephone number:						
Mobile telephone number:			Mobile telephone number:						

Name of brother(s)/sister(s	) and nursery/school(s) t	hat they attend				
Name:	Date of birth:		Infant/junior/primary school:			
Does your child have any mo	edical problems, special	educational nee	ds and/or disabilities?			
•			•			
Name of doctor:		Name of healt	eb vlottom			
Address of doctor:			Address of health visitor:			
Address of doctor.		Address of Health Visitor.				
		1				
Please give details of any o	ther reasons that you fee	l will support th	is application			
Each provider will allocate pla	ces in line with their own a	dmissions proce	dures. For details of these procedures			
please contact your chosen		p				
I/we confirm that the informa	tion on this form is accur:	ate and understar	nd that completion of this form does not			
guarantee admission to this		ite and understar	in that completion of this form toes not			
Signature of parent/carer			Date:			
Signature of parent/carer			Date:			
<b>Please note:</b> The allocation of a	a free early education plac	e at a local autho	rity maintained nursery school, nursery			
•	, 5	•	a local and/or associated school. The			
	_		Places will be offered on the basis that			
_	ate. Any offer of a place wil	llbewithdrawnif	it is found that the information provided			
was inaccurate.						
	-		ion of your child's free early education.			
We will need to share the info	•					
Failure to provide consent may	·		tion.			
Please tick here to give cons	sent for your data to be s	shared				
□c: IB :/5						
☐ Signed Parent / Carer						
¬c:						