**HORMEAD PRESCHOOL**

**REGISTRATION OF INTEREST FORM**

This form registers an interest for a place in our preschool and places your child on a waiting list. Please return to the school office [admin@hormead.herts.sch.uk](mailto:admin@hormead.herts.sch.uk) or post to the address below.

**Please note: we require proof of your home address before an offer of a place can be made**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of application |  | | | | |
| Full Name of Child: |  | | | | |
| Childs Date of Birth: |  | | | | |
| Parent/Guardian’s Name |  | | | | |
| Relationship to Child |  | | | | |
| Address: |  | | | | |
| Main Telephone: |  | | | | |
| Email Address: |  | | | | |
| When would you like your child to start?   * Autumn Term (September) * Spring Term (January) * Summer Term (April) |  | | | | |
| What would be your preferred hours / days?  Our setting offers three sessions:   * **Mornings 3hrs (9am-12pm)** * **Lunch (12pm-1pm)** * **Afternoons 3hrs (12pm-3pm)**   *We strongly recommend that children 3-years and above attend at least 5 mornings a week to receive to benefit from our full curriculum offer. We strongly recommend that all children take up all of their entitled funded hours as availability fills up quickly. All children must attend a minimum of 9 hours per week.* |  | am | | lunch | pm |
| Monday | Yes/No | | Yes/No | Yes/No |
| Tuesday | Yes/No | | Yes/No | Yes/No |
| Wednesday | Yes/No | | Yes/No | Yes/No |
| Thursday | Yes/No | | Yes/No | Yes/No |
| Friday | Yes/No | | Yes/No | Yes/No |
| Will you need wrap around care? There is a small hourly fee for this.  Mornings - 8am to 9am  Afternoons - 3pm to 4pm  Late club – 4pm to 5pm | Mornings | Yes/No | | Comment | |
| Afternoons | Yes/No | | Comment | |
| Late Club | Yes/No | | Comment | |
| **\* Funding / Fees:**  *From April 2024, eligible 2-year olds will receive 15 hours funding from the term after their 2nd birthday. Eligible 3-year olds will receive 30 hours funding from the term after their 3rd birthday. From September 2024, eligible children will receive 15 hours funding from 9 months old. For further information, please use the eligibility checker at* [*www.childcarechoices.gov.uk*](http://www.childcarechoices.gov.uk)  *If you are not eligible for funding, your child may still attend but fees will apply (see fees list on website).* | | | | | |
| IS YOUR CHILD ENTITLED TO 2 OR 3-YEAR-OLD FUNDING? (Or will be entitled to 9-month funding from September 2024?) | | | Yes/No | | |
| If applying for 15 or 30 hours free childcare, please provide your HMRC code | | |  | | |
| **Deposit Payment:** We require a £25.00 deposit which is to be paid when you have accepted an offer of placement. Your child’s place will not be secured until payment has been received. | | | | | |

SIGNATURE \_ DATE

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Hormead First School, Great Hormead, Buntingford, SG9-0NR

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| --- | --- | --- | --- | --- |
| **Admissions Criteria – To be used if oversubscribed** | | | | |
| **Special Educational Needs**  *Does your child have Special Educational Needs or/and an Educational Health and Care Plan (EHCP)?* | | | | Yes/No |
| **Children in Public Care**  *Is your child ‘Looked After’ or was previously’ Looked after’ and is now adopted, or with a children arrangements or special guardianship order? (Please provide evidence with this form)* | | | | Yes/No |
| ***Social or Medical Needs***  *Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form that names our school)* | | | | Yes/No |
| ***Catchment Area***  *Does your child live in the catchment area of the school ie: within the ecclesiastical parish of Hormead and Wyddial. (This area includes the villages of Great Hormead, Little Hormead, Hare Street and Wyddial)* | | | | Yes/No |
| **Pupil Premium**  *Is your child eligible for Pupil Premium including the Early Years premium?*   * *Children given priority under this criterion fall into the following categories:* * *Children eligible to be registered for free school meals and children who have been registered as eligible for free school meals at any point in the last six years; and* * *Children eligible to receive the Early Years Premium* | | | | Yes/No |
| **Siblings**  *If your child has a sibling at this school, enter their name and date of birth:* | | Name | | |
| DOB | | |
| **Church Attended**  *If you attend a church, please provide details here.*  ***Leave blank if this does not apply to you – we accept applications from all families – of no faith or any faith. This is information used for oversubscription criteria only, if it applies.*** | Name of Church: | |  | |
| Name of Minister: | |  | |
| Address: | |  | |
| Tel. Number: | |  | |

If you wish your child to be removed from the list of applicants at any time, please inform us at your earliest convenience. We will contact you at the appropriate time when a place is available in our Pre-School.