Stepping stones preschool, 1 Dunsfold Road, Tilehurst, Reading, RG30 4NP

Telephone:- 0118 9429492

Mobile:- 07907 361965

Email:- info@steppingstonestilehurst.co.uk

**Child’s details**

First name(s) .....................................................................................................................................................

Surname ............................................................................... Date of birth.................................................

Full address .....................................................................................................................................................

.................................................................... Post code ................................................................

Ethnic Origin .....................................................................................................................................................

Home language .....................................................................................................................................................

Gender Male / Female / Rather not say

**Parent’s/Carer’s Details**

Title Mr / Mrs / Ms / Miss / Other

Full name .....................................................................................................................................................

Full address (if different)...................................................................................................................................................

.................................................................Post code ...................................................................

Home Number ........................................................... Mobile Number................................................................

Email Address .....................................................................................................................................................

Relationship to Child …………………………………………………………………………………………………………………………………………………….

Do you have any concerns regarding your child’s development?......................................................................................

……………………………………………………………………………………………………………………………………………………………………………………..

Has any professional expressed concerns regarding your child’s development?...............................................................

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Any external agencies or professionals involved with the child or family?........................................................................

……………………………………………………………………………………………………………………………………………………………………………………...

Is your child in receipt of DLA (Disability Living Allowance) Yes / No

Please indicate funding entitlement below

|  |  |  |  |
| --- | --- | --- | --- |
| For 2-year-olds | | For 3- and 4-year-olds | |
|  | Targeted 2-year-olds (15 hours) |  | Universal entitlement (15 hours) |
|  | Working family entitlement (30 hours) |  | Extended entitlement (30 hours) |
|  | No entitlement, sessions to be billed |  | Not eligible for extended entitlement but 30 hours required, sessions to be billed. |

**More information on funding can be found on the Brighter Futures for Children website**

**If you are still unsure, please ask a member of staff for more information or email info@steppingstonestilehurst.co.uk**

For funding purposes please provide your:-

**Date of birth**:- ……………………………………………………. **National Insurance Number**:- ………………………………………………

**Funding code**:- …………………………………………………………………….

**Preferred start date** :- ...........................................................................................................................

**Signature (parent/carer)** .....................................................................................**Date** ....................................................

Please tick your preferred sessions:

|  |  |
| --- | --- |
|  | We would like morning sessions 8.45am-11.45am (15 hours) |
|  | We would like afternoon sessions 11.45am – 2.45pm (15 hours) |
|  | We would like to make use of the flexi funding, attending  Monday & Tuesday 8.45am – 2.45pm then Wednesday 8.45am – 11.45am (15 hours) |
|  | We would like to make use of the flexi funding, attending  Wednesday 11.45am – 2.45pm then Thursday & Friday 8.45am – 2.45pm (15 hours) |
|  | We are entitled to the extended funding and would like all day sessions  Monday to Friday 8.45am – 2.45pm (30 hours) |

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**For office use only**

Staff member receiving application form: -…………………………………………………………………………………

Birth certificate seen: - Yes / No Proof of address seen: - Yes / No

Any other notes :- ……………………………………………………………………………………………………………………………………………………………..