**GOLBORNE AND MAXILLA CHILDREN’S CENTRE**

**EDUCATION APPLICATION FORM**

Golborne and Maxilla children’s centre offers funded nursery education places for children aged between 3 and 5. These are free of charge nursery places term time only for 15 hours per week. We also offer some local authority funded full time places. All places will be offered based on the criteria set by the Local Authority.

**If you would like any help in completing this form, please ask a member of staff.**

**Family Information**

Family name …….......................... Child’s name ………………………………… girl / boy

Address...........................……………………………………………………………………………………….

Post code.............………………………… Telephone number ..................…………………………

Date of birth: day ........… month …………… year …………

Child’s position in family 1 2 3 4 5

Mother’s name ...............................………Father’s name....................………………………….

Email address:……………………………………..

Language(s) spoken in your home ...............................………………………….

Is your child looked after by the local authority Yes/no

Does your child have special educational needs Yes/no. If yes please give details:………………………

**Additional Information**

School attended by other children: ..........................…Primary school you want your child to attend: ……………

Have you applied anywhere else for a nursery place? If so where? …………………………….

If your child were to be offered a place in a nursery class, would he/she leave Golborne & Maxilla Children’s centre before transfer to reception? Yes / no

If you have had another child here, who was your key worker? ………………………………………..

Is your child in a 2 year funded early education place? Yes / no

if yes, where?..........................................

Do you receive any of the following benefits? (Please tick any that apply)

□ Child Tax Credit (NOT working tax credit) □ Income Support

□ Income based job seekers allowance

□ Income related employment & support allowance

□ Support under part V1 of the immigration and Asylum Act 1999

□ Guaranteed element of State Pension Credit □ None of the above

We are able to check your entitlement for Free School Meals via a secure government website where data is held by the Department of Work & Pensions, the Home Office and Inland Revenue. Please specify the following details if you would like us to make this check.

Your date of birth ……………………. Your surname …………………

NI Number: ……………………………………………

**Medical Information**

Does your child have any medical needs Yes/no

If yes please give details:

**Do you qualify for a funded 30 hour place?**

**Please tick all statements that apply to you**

□ I am a lone working parent who earns on average a weekly minimum equivalent to 16 hours at national minimum wage (NMW for parents under 25) or national living wage (NLW) and less than £100 000 per year.

□ Both parents are working and each parent earns on average a weekly minimum equivalent to 16 hours at national minimum wage (NMW) or national living wage (NLW) and less than £100 000 per year.

□ Both parents are employed but one or both parents are temporarily away from the workplace on parental / maternity or paternity leave.

□ Both parents are employed but one or both parents are temporarily away from the workplace on adoption leave.

□ Both parents are employed but one or both parents are temporarily away from the workplace on statutory sick pay.

□ One parent is employed and one parent has substantial caring responsibilities and is in receipt of Carers allowance.

□ One parent is employed and one parent is disabled or incapacitated based on receipt of specific benefits (Incapacity benefit / severe disablement allowance/long term incapacity benefit / employment and support allowance or National insurance credits on the grounds of incapacity for work or limited capability for work.

**Any additional information:**

If we are not able to offer you a free full time provision (30 hours), or if you only want a part time (15 hours) place, which provision would you prefer?

Option 1: 5 Morning sessions (9.15am-12.15pm)

Option 2: 2 Full days (9.15am-3.15pm) + ½ day session

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| --- | --- | --- | --- | --- |
| **Extended Day Paid Services**  We offer limited places to extend your child’s day beyond their allocated 15 hour or full day place, this  Is a charged service. Please see the table below and indicate your preference were appropriate. | | | | |
| Paid after school Club (3.15 – 4.30pm) | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| Paid Breakfast Club (8.30 – 9.15am) | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Please be aware that all places are limited and will be allocated according to our admission policy

Please put down any other information that you think might be relevant to your application.

Signed………………………………Date……………………

**Return to Golborne & Maxilla Children’s Centre, 2a Bevington Road, LondonW10 5TN or email a signed copy to:** [**info@golborne.rbkc.sch.uk**](mailto:info@golborne.rbkc.sch.uk)