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| --- | --- | --- |
| **To be completed by all Early Learning and Childcare settings** | | |
| Birth certificate verified | Home address verified | Receipt given |
|  |  |  |
| Yes No | Yes No | Yes No |
| Name: Date: | | |

# Early Learning & Childcare

|  |  |
| --- | --- |
| **PRIORITY ALLOCATED** |  |
| Priority 2 – meeting with parent/carer | Date |
| Forwarded for panel | Date |
| Priority 3 – meeting with parent/carer | Date |
| Forwarded for panel | Date |

**Application Form Session 2018-19**

## PLEASE COMPLETE, IN BLOCK CAPITALS, ONE FORM PER CHILD ONLY AND SUBMIT TO THE SETTING OF YOUR FIRST CHOICE

**If you have difficulty with this form, please contact your Early Learning & Childcare setting for help**

**Name of Early Learning & Childcare setting you are applying for: please note this cannot be guaranteed.**

For children returning to the same setting please tick box

Choice 1 Choice 2 Choice 3

Child’s Forename(s) ....................................................................... Surname ...............................................................................................

Address .................................................................................................................... Postcode ........................................................................

Child’s date of birth ............................. Gender: Male Female (please circle) Child’s main language ........................................

**Does your child have additional support needs?**

**Tick box if yes**

*(This may be for health/medical needs, accessibility to Early Learning & Childcare buildings, specific learning difficulties.* ***Please discuss these needs with the Head Teacher or manager of the Early Learning & Childcare setting of your choice who will advise.)***

**Please give brief details of any additional support needs that will require to be addressed:**

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**Professionals involved (please tick all relevant boxes)**

Name of professional with most involvement regarding this need .......................................................................................................................

Health Visitor

Speech & Language Therapist

Social Worker

Community Paediatrician

Educational Psychologist Other *(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Further information will be requested from the setting Headteacher / Manager.*

**Please indicate the number of sessions for which you wish to enrol your child. (maximum 5)**

I confirm that I will ensure that my child normally attends for the number of sessions indicated.

Signed ...................................................................................................................................................................................... Date .......................................

**Page 2 overleaf**

**Applications cannot be processed without proof of identity and home address.**

**Please take your child’s birth certificate and evidence of your home address (for example a recent utility bill or recent bank statement) with you when you submit the completed application form to the Early Learning and Childcare setting of your choice.**

## Parent/Carer Contact Details

\* Parent/Carer full name and title (1) ........................................................................................................................................................................

\* Parent/Carer full name and title (2) ........................................................................................................................................................................

\* Home Telephone Number(s) (1)……………………………………………………. (2) ………………………………………………………………….

MobileTelephone Number(s) (1)…………………………………………………….. (2) …………………………………………………………………

\* DayTime Contact Number(s) (1) ................................................................. (2) ………………………………………………………………….

Contact email address(es) (1) …………………………………………………… (2) ………………………………………………………………….

**CURRENT PLACEMENT**

Please state which ELC setting, if any, your child currently attends......………………………………………………………………………………..

**SPLIT PLACEMENT**

If you intend to request a split placement with another setting ( attendance at more than one setting during the week for the funded hours), please discuss this with the Head Teacher/Manager of your first choice setting as a Split Placement Request Form will also need to be completed. Split placements are subject to both settings having availability.

**SIBLINGS**

Please provide name and date of birth of siblings who already attend and will be remaining in the Early Learning &

Childcare setting **or** the Primary School of your first choice for **session 2018-19.**

Name.................................................................................... Date of birth ...................................

Name…………………………………………………………………… Date of birth ……………………………

|  |  |  |
| --- | --- | --- |
| Early Learning & Childcare Entitlement  commences  *( Please tick box)* | August 2018 | January 2019 April 2019 |
| Expected start of Primary Education  *(Please tick box)* | August 2019 | August 2020 |

The information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with Data Protection Act 1998. items marked \* will be held by Aberdeenshire Council’s Education & Children’s Services, and by the Scottish Government Education Department as part of ScotXed return for statistical purposes. Please assist us by telling the setting promptly if any of this information changes.

The Education & Children’s Services, as part of Aberdeenshire Council, may share any information you give us with other Aberdeenshire Council Services or Government departments as required by law where relevant for their purpose. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do no sell or rent information to anyone.

I certify that, to the best of my knowledge, the information contained in the above Early Learning & Childcare Application Form is correct. Places are allocated from the eligible start date until the end of the school year in July 2019, transfers during this period may be granted in certain circumstances.

Parent/Carer name (Please Print) .............................................................................Relationship to the child……………………………………………..

Parent/Carer Signature……………………………………………………………………………… Date……………………………………………………………………………

Child’s Name………………………………………………………………………………………………Date of Birth..............................................................................