

Jeavons Wood Pre-School

Headteacher: Mrs E McMurray

Pre-School Application Letter

Jeavons Wood Pre-School offer funded and non-funded pre-school sessions, Monday-Friday during term time. We take children from the term after they turn 3 years old up until they go to Primary School, and have an in-take in September, January and April.

We operate 2 sessions a day of 3 hours duration. We provide the following sessions:

- Morning session: 8.45am – 11.45am (3 hours)
- Afternoon session: 11.45am – 2.45pm* (3 hours)
- All day sessions: 8.45am – 2.45pm (6 hours)

*The afternoon begins with lunch, which is a packed lunch brought from home.

Please fill in the hours you require and return it to us with your completed Registration Form, particularly ensuring that the email address is very clear, as we communicate mostly via email.

Please follow these pointers to help your application be more successful:

- Children who have a sibling attending Jeavons Wood Primary School will be given priority, in date of birth order (this does not apply to those who have siblings who have not yet been accepted into the school).
- Priority is then given to the eldest child on the waiting list, regardless of how long they have been on the waiting list (this is in line with LEA Guidelines).
- All children are entitled to 5 sessions (15 hours) of funded childcare per week (this can be split between settings). You can also apply for a further 5 sessions (15 hours) of extended funded childcare by going to <https://www.childcarechoices.gov.uk/>
If you are not eligible for an extended 15 hours of funded childcare, then you can also pay for extra sessions (£18 for a 3-hour session, **subject to increase**) enabling your child to attend for more than 15 hours per week if you wish them to.

Allocating Places:

We will contact you 3 months before your child is due to start at Jeavons Wood Pre-School to offer you a place. You will then have 10 working days to accept the place for your child and return any forms that are sent to you.

Hours Requested:

Child's name _____ D.O.B _____

Start Date (delete as appropriate): **SEPTEMBER / APRIL / JANUARY**

Please indicate with a '1' your first-choice preference of sessions (if you do not mind which sessions, please put a '1' in all boxes). Indicate with a '2' your second choice. If a second choice is not provided and your first choice is not available, sessions will not be allocated. Please be as flexible as you can.

	Morning Session 8.45 – 11.45am	Afternoon Session 11.45 – 2.45pm	All Day 8.45 – 2.45pm
MON			
TUES			
WED			
THURS			
FRI			

Parent Name: _____

Email: _____

Phone Number: _____

Signed _____ Date _____