## Application for Admission to St. Katherine's Nursery

## **Personal Details:**

Child's Surname:	Child's Forename(s):						
Potential Start Date:	Date of Birth:						
	Please provide your child's Birth Certificate						
Address:							
	Postcode:						
Home telephone number:	Mobile telephone number:						
Email Address:							
Full Name of Parent/Guardian(s):							
	otional or medical reason for admission to the Nursery?						
Please provide additional information on the back of the form. Yes $\square$ (see overleaf) No $\square$							
Funding:  Are you entitled to 30 Hours Free Early Education	n? Yes I am entitled □						
	time to receive your code and give it to the school to funding will not start until the following term						
Full Name of Parent who is claiming	D.O.B						
	National Insurance Number of parent						
Enter your 11 digit code:	making the application:						
This will be used to access your funding							
I give my permission for the school to validate the	e 30 hours code:						
Sign:	Date:						
Are you eligible for FF2 funding? Yes ☐ www.kent.gov.uk/freefor2	If you are eligible, have you applied for FF2 funding? Yes □ No □						

## Sessions and Charges:

All 3 and 4 year olds in Kent are entitled to Free Early Education (FEE) of 15 hours. Any additional care will be either fully funded, part funded, or paid places, dependent on eligibility.

Please indicate below the sessions you would like to apply for:		Mon	Tue	Wed	Thu	Fri		
AM Session – 8.45am to 11.45am	3 hours Free or £18.00							
PM Session – 12.30am to 3.30pm	3 hours free or £18.00							
Full School Day – 8:45am to 3:30pm	6.75 hours free or £39.00							
Breakfast Club- 7.30am to 8.45am	Charge of £3.50 (includes Breakfast)							
After School Club — 11.45 to 3.30pm	Charge of £10.00 (includes Snack)							
For Marketing purposes, please tell us how you heard about our Nursery								
Would you like your child to attend St. Katherine's when they enter full time education? Yes \( \Delta \) No \( \Delta \) If 'no', please name the school:								
The information on this form is correct to the best of my knowledge and belief								
Signed: D		Dated:	Pated:					
Has your child any special educational, social, emotional or medical reason for admission to the Nursery?								
Any additional information you would like to share that may be relevant:								

Please return the completed form to: St Katherine's School, St Katherine's Lane, Snodland, ME6 5EJ