Applicant name: _____

Date of Birth:_____

Expected start date:_____

Caistor

CHURCH OF ENGLAND & METHODIST

Pre-School Application

Registration Form

Child's full name	Known name	Date of birth

Birth certificate seen by	Address
Password for emergencies	Postcode

Is your child adopted from care? Yes / No	Does your child have a parent currently serving in the UK military? Yes / No

Ethnic Origin (optional)	First language	Other language(s)

Person 1 with parental responsibility	Address (if different from above)
Relationship to child	Home phone number
Mobile phone number	Work phone number
	Email address

Person 2 with parental responsibility	Address (if different from above)
Relationship to child	Home phone number
Mobile phone number	Work phone number
	Email address

Name of authorised person 1 to collect your child	Address
Home phone number	
Mobile phone number	Work phone number

Registration Form (cont'd)

Name of authorised person 2 to collect your child	Address
Home phone number	
Mobile phone number	Work phone number
Name of authorised person 3 to collect your child	Address
Home phone number	
Mobile phone number	Work phone number
Name of emergency contact 1	Address
Home phone number	
Mobile phone number	Work phone number
Name of emergency contact 2	Address
Home phone number	
Mobile phone number	Work phone number

Medical Information

(Your child will receive first aid treatment if necessary)

Does your child have any medical conditions we need to be aware of? If yes, please state them below. (If you need more space, please continue on a separate sheet and attach it) (Please note that staff are not allowed to administer any medicine. If your child needs medicine, please arrange for a member of your family to administer it.)	Yes	No
Does your child have any allergies/intolerances? If yes, please state them below.	Yes	No
My child has had a tetanus injection (please provide the date.)	Yes	No
My child can have a plaster if he/she cuts him/herself.	Yes	No
Does your child have any special dietary requirements? If yes, please state them below. (If you need more space, please continue on a separate sheet and attach it)	Yes	No

Child's Doctor's Name and Address	Telephone number

Information about my child

My child has a special comforter which is (e.g. a blanket, toy etc.)
My child likes to eat
My child does not like to eat / My child has an allergy to
My child's favourite activity is
My child is interested in
Special words my child uses (for family members, toys etc)
Please provide any relevant information about your child

Parent/Carer Contract of Attendance

Child's Name (this information must be the same shown on the Registration Form)	
Legal Forename	Legal Surname
Other Legal Forenames	Date of Birth
Person with legal responsibility (this information must be the same shown on the Registration Form)	
Legal Forename (as on legal documents)	Legal Surname (as on legal documents)
Relationship to child (mother, father, carer)	Contact Number

Statement 1

Please detail the number of hours to be taken with Caistor Church of England and Methodist Pre-School. If your child is entitled to claim either 15 or 30 hours free Early Years Entitlement (EYE) per week, please detail the number of hours they are claiming.

I confirm that the above child will access …… hours of Universal Funding per week over ….. days and/or I confirm that the above child will access …… hours of Extended Funding over …….. days in the approximate time spans below.

My 11 digit 30 hour funding code to claim Extended Funded hours is :-

Days of week	**MONDAY**			**TUESDAY**			**WEDNESDAY**			**THURSDAY**			**FRIDAY**		
Funding type	Universal	Extended	Non-Funded	Universal	Extended	Non-Funded	Universal	Extended	Non-Funded	Universal	Extended	Non-Funded	Universal	Extended	Non-Funded
09:00am - 12:00noon															
12:00noon - 15:00pm															
15:00pm - 15:30pm	n/a	n/a		n/a	n/a		n/a	n/a		n/a	n/a		n/a	n/a	

Total number of hours attendance per week for Universal Funding …….. , Extended Funding …… and Non funded hours ……..

I confirm that my child does not access a free place with another provider in Lincolnshire or with a provider in another local authority.

Parent/Carer Signature……..Print Name……..Date……..

Address ……

…… Postcode ……..

Parent/Carer Contract of Attendance (2nd provider)

Child's Name (this information must be the same shown on the Registration Form)	
Legal Forename	Legal Surname
Other Legal Forenames	Date of Birth

Statement 2

If your child is claiming the Early Years Entitlement (15 Universal hours and or 15 Extended hours) with more than one provider. The total claim for universal or extended hours must not exceed 15 hours per week for each type of funding.

I confirm that the above child will access …… hours of Universal Funding per week over ….. days and/or I confirm that the above child will access …… hours of Extended Funding over …….. days in the approximate time spans below.

My 11 digit 30 hour funding code to claim Extended Funded hours is :-

Days of the week	**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**	
Funding Type	Universal	Extended	Universal	Extended	Universal	Extended	Universal	Extended	Universal	Extended
No. of hours at 2nd Provider										

Total number of hours attendance per week for Universal Funding …… , Extended Funding …… and Non Funded hours ……

I authorise Caistor Church of England and Methodist Pre-School to share relevant information regarding my child's learning, development and experiences with others who are involved in his/her care to help them compile a comprehensive picture of my child.

Name of additional provider……

Address……

…… Postcode ……

Parent/Carer Signature……..Print Name……..Date……..

Address……

…… Postcode ……

Parent/Carer Contract of Attendance (3rd provider)

Child's Name (this information must be the same shown on the Registration Form)	
Legal Forename	Legal Surname
Other Legal Forenames	Date of Birth

Statement 3

If your child is claiming the Early Years Entitlement (15 Universal hours and or 15 Extended hours) with more than one provider. The total claim for universal or extended hours must not exceed 15 hours per week for each type of funding.

I confirm that the above child will access …… hours of Universal Funding per week over ….. days and/or I confirm that the above child will access …… hours of Extended Funding over …….. days in the approximate time spans below.

My 11 digit 30 hour funding code to claim Extended Funded hours is :-

Days of the week	**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**	
Funding Type	Universal	Extended	Universal	Extended	Universal	Extended	Universal	Extended	Universal	Extended
No. of hours at 2nd Provider										

Total number of hours attendance per week for Universal Funding …… , Extended Funding …… and Non Funded hours ……

I authorise Caistor Church of England and Methodist Pre-School to share relevant information regarding my child's learning, development and experiences with others who are involved in his/her care to help them compile a comprehensive picture of my child.

Name of additional provider……

Address……

…… Postcode ……

Parent/Carer Signature……..Print Name……..Date……..

Address……

…… Postcode ……

Parent Declaration if in receipt of the Early Years Entitlement

(Free 15 Universal and/or Extended funding)

This part is to be completed by the parent/carer/guardian

Please tick to confirm that you understand that by signing this contract you agree with the following conditions of flexible entitlement.

- ☐ I understand that the 15 hours free entitlement for universal and extended hours must be free at the point of delivery and that I cannot be charged for this in advance.
- ☐ I do not have to purchase any additional hours to secure free provision, including lunchtime charges.
- ☐ I have received detailed information from Caistor Church of England and Methodist Pre-School and have been advised of additional services available for my child and I understand I will have to pay fees for these services in advance.

Parent/Carer Signature……..Print Name……..Date……..

Main Parent Declaration

This part is to be completed by the parent/carer/guardian

Please tick to confirm that you understand that by signing this contract you agree with the following conditions and have been made aware of the following information.

- ☐ I have received a copy of the school's prospectus and details of the fee structure including EYE delivery hours, payment dates and methods.
- ☐ I have seen copies of the school's policies and procedures and agree to abide by them.
- ☐ I understand that I may withdraw my child from pre-booked sessions at any time giving 28 days written notice.

I hereby give consent for the information above to be held on file in compliance with the Data Protection Act 1998.

Parent/Carer Signature……..Print Name……..Date……..

Pre-School Fee Structure

Description	Unit	Unit price	Line total
Funded entitlement hours: 15 Universal hours per week or 15 Universal hours plus 15 Extended hours with a valid 30-hour funding code	Weekly	Free	Free
Optional Additional Hours available to purchase	3-hours	£15.00 per session	£15.00 per session (Maximum of £150 per week)
Optional Top-up session	30 mins	£2.50 per session	£2.50 per session (Maximum of £12.50 per week)
Provision of hot meal – to be arranged directly with school via ParentPay	Per meal	£2.80	£2.80 (Maximum of £14 per week)
Additional voluntary services (e.g. trips/ experiences)	Ad Hoc		£Variable / optional
		Total	£0.00 minimum / £176.50 maximum per week –

- Fees due will be billed monthly and in arrears.
- Cancellation of places requires 28 days written notice
- Payments are to be made by ParentPay / childcare voucher / bank transfer / cash or cheque (made payable to Lincolnshire County Council)
- A late payment fee will be enforced at 10 percent following invoice due date.
- Late collection of children may be charged at £1 per minute over and including 5 minutes
- In the event of school closure—fees due will be refunded for that date

Childcare Provision Confirmation of Place

I confirm on behalf of Caistor Church of England and Methodist Pre-School that we meet the terms and conditions detailed in this document.

Zoe Hyams

Head Teacher
BA.QTS Hons (ENG) MA Ed Man NPQH

Updated Sept 2025