

Newtown Pre-School Registration Form – Firecrests Class

Firecrests Class: children who turn 2 or 3 between the 1st September and the 31st August.

The sessions are Monday-Friday 8.25am – 11.25am **OR** 12:05pm - 3:05pm. We will do our best to accommodate your preference for morning or afternoon sessions but we cannot guarantee this due to our required staff: pupil ratios in Pre-School. We are unable accommodate a mix of morning and afternoon sessions.

Early Education Funding

All children are entitled to 15 hours of early education from the term after their third birthday.

- Third birthday between 1st September and 31st December would be eligible for funding the following January
- Third birthday between 1st January and 31st March would be eligible for funding the following April
- Third birthday between 1st April and 31st August would be eligible for funding the following September

Some children are eligible for funding from the term after they turn 2 years. Please see the following link for further details:

https://familyinfo.buckinghamshire.gov.uk/childcare-and-early-years/paying-childcare/

Non-funded children

• The sessions currently cost £18 for a 3 hour session, this cost is reviewed annually and there may be a slight increase in September. This is payable for all sessions your child is registered to attend, not just the sessions they actually attend – you can opt to pay for up to 5 sessions.

Please note that at Newtown Pre-School we prioritise children that live within our school catchment area.

Please complete and return the attached form with a copy of your child's detailed birth certificate.



Firecrests Registration Form

Child's Date of Birth:	Child's First Name:	Child's Surname:
Girl or Boy:	Parent 1 full name: Mr. Mrs. Ms. Miss. Other	Parent 2 full name: Mr. Mrs. Ms. Miss. Other
	Parent 1 address (if different):	Parent 2 address (if different):
Home Telephone:	Parent 1 Mobile:	Parent 2 Mobile:
	Parent 1 Email:	Parent 2 Email:
Guardian information if different from pa		
Brothers and Sisters Names:		Brothers and Sisters Dates of Birth:
Doctor & Surgery:		Doctor's Telephone Number:
Information that the School may need to	know e.g. Allergies, Medical issues, Family circun	nstances, Special Needs:
We would prefer morning / after	ernoon sessions* (*please delete as applicable).	
We are eligible for 2 Year Funding	ng	
2 Year funding code		
I am interested in a place in Pre	-School when my child is eligible for the 15 hours	of universal funding.
• I am interested in sessions in Pre-School before my child is eligible for the 15 hours of universal funding and we will pay privately for sessions		urs of universal funding
Ideally we would like the follow	ing sessions	