



**Studham Village CE Academy  
Preschool Application Form**

**‘Learning to Care, Caring to Learn – All Flourishing as Children of God’**

**Section 1 - Child’s Details:**

|                                                                                                      |                                                                  |                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Surname:                                                                                             |                                                                  | First Names:                                                                                                                                     |  |
|                                                                                                      |                                                                  |                                                                                                                                                  |  |
| Address:                                                                                             |                                                                  |                                                                                                                                                  |  |
|                                                                                                      |                                                                  |                                                                                                                                                  |  |
|                                                                                                      |                                                                  | Postcode:                                                                                                                                        |  |
| Gender:                                                                                              | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                                                                                                                                  |  |
| Date of Birth:                                                                                       |                                                                  |                                                                                                                                                  |  |
| Will you have an older child attending Studham Village CE Academy when your preschool child starts?  |                                                                  |                                                                                                                                                  |  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                          | Sibling Name and Class:                                          |                                                                                                                                                  |  |
| Is your child a ‘looked after’ child or a ‘previously looked after child’?                           |                                                                  | Is your child, or a sibling of your child, the subject of an interagency Child Protection Plan and been placed on the Child Protection Register? |  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                          |                                                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                      |  |
| Does your child have an Education, Health and Care Plan (EHCP) to support Special Educational Needs? |                                                                  | Have you enclosed a copy of your child’s EHCP with this application?                                                                             |  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                          |                                                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> N/A                                                                                     |  |

**Section 2 - Name of Person(s) with Parental Responsibility:**

|                        |                                                                                   |                                                               |
|------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------|
| Title:                 | <input type="checkbox"/> Mr<br><input type="checkbox"/> Mrs                       | <input type="checkbox"/> Ms<br><input type="checkbox"/> Other |
| Full Name:             |                                                                                   |                                                               |
| Telephone:             | Home:                                                                             | Mobile:                                                       |
| Address:               | Same as child?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Address if different:                                         |
| Email:                 |                                                                                   |                                                               |
| Relationship to child: |                                                                                   |                                                               |

**Name of Person(s) with Parental Responsibility:**

|                        |                                                                                   |                                                               |
|------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------|
| Title:                 | <input type="checkbox"/> Mr<br><input type="checkbox"/> Mrs                       | <input type="checkbox"/> Ms<br><input type="checkbox"/> Other |
| Full Name:             |                                                                                   |                                                               |
| Telephone:             | Home:                                                                             | Mobile:                                                       |
| Address:               | Same as child?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Address if different:                                         |
| Email:                 |                                                                                   |                                                               |
| Relationship to child: |                                                                                   |                                                               |

**Section 3 - Type of Application:**

|                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 2-year-old place (EY1) (tick this box if your child is already two or you are applying for them to start the term after their second birthday). <b>If you have ticked this box, please go to Section 4.</b>                                                 |
| <input type="checkbox"/> 3-year-old place (EY2) (tick this box if your child's third birthday is after 1 <sup>st</sup> September, meaning your child will <b>not</b> be starting reception class in the autumn term). <b>If you have ticked this box, please go to Section 5.</b>    |
| <input type="checkbox"/> 3-year-old place (EY3) (tick this box if your child is already three and will be four before 1 <sup>st</sup> September meaning your child will be starting reception class in the autumn term). <b>If you have ticked this box, please go to Section 5.</b> |

## Section 4 – Two-Year-Old Fees and Funding

Does your child qualify for fifteen hours of free two-year-old preschool education, funded by the government?

- ☐ Yes (if you have ticked this box, please go to the next part of this table).  
☐ No (If you have ticked this box, please go to Section 6)

If you are unsure, you can check by clicking on this link, [does my child qualify for 2-year-old funding?](#)

Applying for two-year-old funding:

To apply for fifteen hours of funding to pay for preschool education for a 2-year-old child, you must first obtain proof of eligibility.

This can be done by visiting your local Children's Centre, who will complete the paperwork with you and provide you with the document of eligibility.

Find out where your local Children's Centre is by clicking on this link, [where is my local Children's Centre?](#)

The next step is to apply to Central Bedfordshire Council, either by downloading the form from our website, completing the form in writing and returning it to our school office or by completing and submitting it electronically to Central Bedfordshire Council.

[Download 2-Year-Old Funding Declaration from our website](#)

When completed, the form can either be given to the school office or emailed to us at the following address, [school@studhamschools.org.uk](mailto:school@studhamschools.org.uk).

[Complete 2-Year-Old Funding Declaration Online](#)

If you choose to apply for your funding by completing the form electronically to Central Bedfordshire Council, please let us know and provide a copy of the application.

- ☐ I will complete the funding form and give it to the office  
☐ I will complete the funding form electronically and provide a copy to the office.

Please note there are deadline dates for the funding forms to be completed to enable the funding is released on a termly basis. You will be advised of when you need to submit your funding form at the time of application.

## Section 5 – 3- and 4-Year-Old Fees and Funding

There are two levels of funding available for children who are three or four years old:

1. Fifteen hours of free preschool education per week funded by the government for **all** three- and four-year-old children, which is available the term after their third birthday.
2. Thirty hours of preschool education per week funded by the government which includes the fifteen hours all three- and four-year-old children are entitled to, plus a further fifteen hours per week.

You can check your eligibility for thirty hours of free preschool education by clicking on this link, [is my child eligible for thirty hours of preschool education per week?](#)

For both levels of funding, you will be asked to complete a Central Bedfordshire Council funding form and you can do this by either downloading the form from our website, completing the form in writing and returning it to our school office or by completing and submitting it electronically to Central Bedfordshire Council.

[Download 3-and-4-Year-Old Funding Declaration from our website](#)

When completed, the form can either be given to the school office or emailed to us at the following address, [school@studhamschools.org.uk](mailto:school@studhamschools.org.uk)

[Complete 3-and-4-Year-Old Funding Declaration Online](#)

If you choose to apply for your funding by completing the form electronically to Central Bedfordshire Council, please let us know and provide a copy of the application.

- ☐ I will complete the funding form and give it to the office
- ☐ I will complete the funding form electronically and provide a copy to the office.

Please note there are deadline dates for the funding forms to be completed to enable the funding is released on a termly basis. You will be advised of when you need to submit your funding form at the time of application.

## Section 6 – Sessions Required

Please confirm within which academic year (Sept – July) you would like your child to start with us:

- ☐ 2025-26                      ☐ 2026-27                      ☐ 2027-28

Please indicate if your child is eligible for funding and if so, which type you will be applying for:

- ☐ Two-year-old funding, fifteen hours per week – **go to Section 6.1**
- ☐ Two-year-olds – not eligible for funding – **go to Section 6.2**
- ☐ Three- and four-year-old funding, fifteen hours per week – **go to Section 6.3**
- ☐ Three- and four-year-old funding, thirty hours per week – **go to Section 6.4**

Please ensure you complete the correct section for your own circumstances.

### Section 6.1 - Two-year-old funding:

Two-year-olds are only offered morning sessions (9:00 am – 12:00 pm), please indicate whether you would like your child to attend our preschool for all the funded fifteen hours - five mornings each week.

- ☐ My child will attend preschool from 9:00 am – 12:00 pm, Monday to Friday, using all the funded hours provided by the government.
- ☐ My child will not attend preschool for all the funded hours provided by the government. My preferred morning sessions are:

|                                   |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Monday:                           | Tuesday:                          | Wednesday:                        | Thursday:                         | Friday:                           |
| <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm |

### Section 6.2 – Two-year-olds with no funding:

My child is not eligible for government funding and I would like to apply for the following morning sessions:

|                                   |                                   |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Monday:                           | Tuesday:                          | Wednesday:                        | Thursday:                         | Friday:                           |
| <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm |

### Section 6.3 - Three- and four-year-old funding – fifteen hours per week:

- ☐ My child will attend preschool from 9:00 am – 12:00 pm, Monday to Friday, using all the funded hours provided by the government.
- ☐ My child will attend preschool from 9:00 am – 12:00 pm, Monday to Friday, using all the funded hours provided by the government. In addition, I would like to pay for them to stay for lunch at a cost of £5.00 per lunch session on the following days:

|                                 |                                  |                                    |                                   |                                 |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|

☐ My child will attend preschool from 9:00 am – 12:00 pm, Monday to Friday, using all the funded hours provided by the government. In addition, I would like to pay for them to stay for afternoon sessions at a cost of £15.00 per afternoon session which includes lunch.

|                                 |                                  |                                    |                                   |                                 |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|

#### Section 6.4 - Three- and four-year-old funding – thirty hours per week:

- ☐ My child will attend preschool from 9:00 am – 3:00 pm, Monday to Friday, using all the funded hours provided by the government.
- ☐ My child will attend preschool for the sessions detailed below.

| Monday:                           | Tuesday:                          | Wednesday:                        | Thursday                          | Friday                            |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm | <input type="checkbox"/> 9am-12pm |
| <input type="checkbox"/> 9am-1pm  | <input type="checkbox"/> 9am-1pm  | <input type="checkbox"/> 9am-1pm  | <input type="checkbox"/> 9am-1pm  | <input type="checkbox"/> 9am-1pm  |
| <input type="checkbox"/> 9am-3pm  | <input type="checkbox"/> 9am-3pm  | <input type="checkbox"/> 9am-3pm  | <input type="checkbox"/> 9am-3pm  | <input type="checkbox"/> 9am-3pm  |

I/we confirm that the information provided on this form is correct and that I/we have read and understood the associated documents, detailed below:

- Studham Village CE Academy Preschool Admissions and Charging Policy
- Studham Village CE Academy Preschool Parent/Carer Fee Arrangement

Name of parent(s)/carer(s) with parental responsibility: \_\_\_\_\_

Signature of parent(s)/carer(s) with parental responsibility: \_\_\_\_\_

Date: \_\_\_\_\_

#### Data Protection

We will hold personal information supplied on the application form for the purpose of processing your application. We will safeguard your personal details and these will not be divulged to any individuals or organisations for any other purposes.

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#### School Office Use Only

Date form received: \_\_\_\_\_

Received by: \_\_\_\_\_