

To be completed by all Early Learning and Childcare settings					
Birth certificate verified		Home address verified		Receipt given	
Yes	No	Yes	No	Yes	No
Name:			Date:		

Early Learning & Childcare Application Form Session 2018-19

**PLEASE COMPLETE, IN BLOCK CAPITALS, ONE
FORM PER CHILD ONLY AND SUBMIT TO THE SETTING OF YOUR FIRST CHOICE**

If you have difficulty with this form, please contact your Early Learning & Childcare setting for help

Name of Early Learning & Childcare setting you are applying for: please note this cannot be guaranteed.

For children returning to the same setting please tick box

Choice 1

Choice 2

Choice 3

Child's Forename(s) Surname

Address Postcode

Child's date of birth Gender: Male Female (please circle) Child's main language

Please indicate the number of sessions per week for which you wish to enrol your child. This will be either morning or afternoon sessions, depending on the setting availability, up to a maximum of 5 per week.

I confirm that I will ensure that my child normally attends for the number of sessions indicated.

Tick box if yes

For some children there may be Additional Support Needs that the setting needs to be aware of in order to address provision. This may be health/medical needs, accessibility to Early Learning & Childcare buildings, specific learning difficulties. Please tick the box above if your child has any, or similar, need and please discuss any need with the Head Teacher or manager of the Early Learning & Childcare setting of your choice, who will advise.

Please give brief details of any additional support needs that will require to be considered.

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- Health Visitor
 Speech & Language
 Social Worker
 Community Paediatrician
 Educational Psychologist
Other (*specify*) _____

Further information will be requested from the setting Headteacher / Manager.

Applications cannot be processed without proof of identity and home address.

Please take your child's birth certificate and evidence of your home address (for example a recent utility bill or recent bank statement) with you when you submit the completed application form to the Early Learning and Childcare setting of your choice.

Parent/Carer Contact Details

* Parent/Carer full name and title (1)
* Parent/Carer full name and title (2)
* Home Telephone Number(s) (1)..... (2)
Mobile Telephone Number(s) (1)..... (2)
* DayTime Contact Number(s) (1) (2)
Contact email address(es) (1) (2)

CURRENT PLACEMENT

Please state which ELC setting, if any, your child currently attends.....

SPLIT PLACEMENT

If you intend to request a split placement between settings (attendance at more than one setting during the week for the funded hours), **please inform the Head Teacher/Manager of both settings.** A Split Placement Request Form will also need to be completed and submitted centrally. Split placements are subject to both settings having availability. Please indicate, if you wish to apply for a split placement by ticking the box opposite.

SIBLINGS

Please provide name and date of birth of siblings who already attend and will be remaining in the Early Learning & Childcare setting **or** the Primary School of your first choice for **session 2018-19.**

Name..... Date of birth

Name..... Date of birth

Early Learning & Childcare Entitlement commences (Please tick box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	August 2018	January 2019	April 2019
Expected start of Primary Education (Please tick box)	<input type="checkbox"/>	<input type="checkbox"/>	
	August 2019	August 2020	

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information on this form will be processed electronically for administrative purposes. This information is confidential. The processing and storage of this information will comply with GDPR (EU) 2016/679. items marked * will be held by Aberdeenshire Council's Education & Children's Services, and by the Scottish Government Education Department as part of ScotXed return for statistical purposes. Please assist us by telling the setting promptly if any of this information changes.

The Education & Children's Services, as part of Aberdeenshire Council, may share any information you give us with other Aberdeenshire Council Services or Government departments as required by law where relevant for their purpose. We will only reveal information where we have your permission or where we have to supply information for a service that you have requested. We do not sell or rent information to anyone.

I certify that, to the best of my knowledge, the information contained in the above Early Learning & Childcare Application Form is correct. Places are allocated from the eligible start date until the end of the school year in July 2019, transfers during this period may be granted in certain circumstances.

Parent/Carer name (Please Print)Relationship to the child.....

Parent/Carer Signature..... Date.....

Child's Name.....Date of Birth.....