



Littleport Community Pre-school Application

PLEASE USE CAPITALS WHEN COMPLETING THIS FORM

Child's Surname			
Child's First Name(s)			
Date Of Birth			
Sex (please tick)	Boy		Girl
First Language			
Any Other Language spoken			
Parent/Carer details	Mr/Mrs/Miss/Ms (please circle) Forename: Surname:		
Relationship to the child			
Parental Responsibility (please tick)	Yes ☐ No ☐		
Address			
		Post Code	
Contact number			
Email Address PLEASE USE CAPS			

We take children from 3 years old and offer a minimum of 2 sessions per week – **when *ideally* would you like your child to start Preschool?** Please write the month and year:

Please tell us which funding your child/family is eligible for:

Is your child able to do the following? Please circle as relevant:

Speak and communicate	Yes/No	Listen to a short story	Yes/No
Understand simple instructions	Yes/No	Understand simple instructions	Yes/No
Eat and drink from an open cup	Yes/No	Walk and climb	Yes/No
Mark make (eg, with a pencil/paintbrush)	Yes/No	Socialise with adults and other children	Yes/No
Socialise with adults and other children	Yes/No	Put on a coat	Yes/No

Does the child have any diagnosed special needs or disabilities? If so, please specify so that we can aim to accommodate them:

Do you (parent/carer) have any concerns regarding your child's health, development or behaviour?

Is your child on the Early Support Pathway or are there any professionals involved with your child/family?
For example: GP, health visitor, social care, speech and language, dietician, family worker etc

Does your child require an Early Help Assessment Plan (EHCP)?

A place at Preschool will be provisionally offered, but not guaranteed until the successful completion of a minimum of 3 settling in sessions have taken place. We have the right to withdraw a Preschool place at any time if you fail to provide information or provide false information as requested above.