



Shrivenham Pre-School Application Form

CAMBRIAN
Nurturing Growth - Inspiring Minds



Please complete this form and return to preschool@shr.cambrianlt.org

Applications will be dealt with on a first come, first served basis.

Full name of child	Date of birth of child	Gender

Name(s) and address(es) of parents / carers making the application

Name: Relationship to child: Address: Postcode Tel.	Name: Relationship to child: Address: Postcode Tel.
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Email address:

Please provide the following information:

When would you like your child to start (September, January or April)? If other, please state:	
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Is your child already at another setting? If yes, please provide details.	
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Do you have any children already attending Shrivenham Primary School?	
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Session Options			Tick the option you would like
15-hour options			
Option 1	5x morning sessions	Monday to Friday 8.30am-11.30am	
Option 2	5x afternoon sessions	Monday to Friday 12.05pm – 3.05pm	
Option 3	2.5 days (start of the week)	Monday and Tuesday 8.30-3.05pm (35 minutes payable lunch unless choosing the 9.05am start) Wednesday 8.30-11.30am	
Option 4	2.5 days (end of the week)	Wednesday 12.05pm-3.05pm Thursday and Friday 8.30-3.05pm (35 minutes payable lunch unless choosing the 9.05am start)	

3 days (18 hour) options and 2 days (12 hour) options			
Option 5	3 days (consecutive)	Monday Tuesday and Wednesday 8.30am-3.05pm (with a 35-minute payable lunch unless choosing the 9.05am start) OR Wednesday, Thursday and Friday 8.30am-3.05pm (with a 35-minute payable lunch unless choosing the 9.05am start)	
Option 6	2 days (consecutive)	Monday and Tuesday 8.30am-3.05pm (with a 35-minute payable lunch unless choosing the 9.05am start) OR Thursday and Friday 8.30am-3.05pm (with a 35-minute payable lunch unless choosing the 9.05am start)	
30hrs			
Option 1	5x morning plus 5 x afternoon sessions	Monday to Friday 9.05am – 3.05pm	
Option 2	5x morning plus 5 x afternoon sessions	Monday to Friday 8.30am – 3.05pm (30 mins additional time paid at £4 per day) If you choose a full day session for your child, you will be charged £4 per day to cover the extra 35 mins each day, which is not covered through Early Years funding. If you do not want to pay this, then select option 1 and your start time will be 9:05am.	

Children staying for lunch must bring a packed lunch with them unless eligible for Free School Meals. You will be provided with a Free School Meal application form as part of the enrolment process. Your child must bring a packed lunch, unless you are informed by the pre-school your application for Free School Meals has been accepted and validated by the local authority.

FUNDING INFORMATION – this is required if you wish to use the Early Years Funding to pay for sessions. 3-year-olds are funded 15 hours automatically the term after their 3rd Birthday (Jan/April/Sept), and do not require a code.

Funding Code:	
Parent's National Insurance Number:	
Date of Birth of Parent:	

(This is required to enable us to claim your child's funding from Oxfordshire County Council)

FEES for non-funded hours (rates applicable from September 2026)

3-year-old sessions - £7.00 per hour

Invoices are issued through ParentPay (our cashless online system) as per the payment schedule detailed below. Payments received after this date will incur a **£25.00** administration fee. Full terms and conditions can be found at the end of this policy.

Full fees are still payable for any periods of absence due to illness and holidays which are taken during term time.

Costs do not include nappies, pull-ups, wipes or sun-cream – you must provide these for your child. You will be asked to make a voluntary contribution towards any trips and visits and a snack contribution termly.

Tick to confirm:	
	I can confirm that I have read and understood the Pre-School Admissions Policy
	I can confirm that I have read and understood the Terms & Conditions
	I agree to adhere to the Booking & Payment Schedule and understand that failure to do so may result in additional charges being made and/or the withdrawal of my child's place at Shrivenham Pre-School.

Signature of parents /carers: _____

Name of parent/carers: _____

Date: _____

Office use only

Date application received: _____

Staff Initial: _____