

Please complete this application if:

- your child gets Disability Living Allowance (DLA)
- your child has left care under an adoption order (AO), special guardianship order (SGO) or a child arrangements order (CAO)
- your child is in care of the local authority
- your child has an education, health and care (EHC) plan, also known as an EHCP

To complete this form, applicants should complete all sections, please ensure the declaration at the end of the application is also signed.

Section 1 : Parent /Carer's details

First name(s)	
Surname	
Date of Birth (dd/mm/yyyy)	
National Insurance Number	
Address	
Email address	

Section 2 : Child's details

First name(s) of child	
Surname of child	
Date of birth of child (dd/mm/yyyy)	
Gender	Female Male
Address of child (if different to parent/carer)	



Please select one or more of the below:

Your child gets Disability Living Allowance (DLA)		Please attach the latest copy of your child's most recent DLA Notice with the application
Your child has left care under an adoption order, special guardianship order or a child arrangements order		Please provide the child's social worker email address:
Your child is in care of the local authority		Please provide the child's social worker email address:
Your child has an education, health and care (EHC) plan, also known as an EHCP		Please confirm that this has been approved Yes No

Declaration of applicant

To be signed by parent/carer/guardian with legal responsibility for the care of the child.

I (Name)

Of (Address)

confirm that the information I have provided above is accurate and true. I agree that the information I have provided can be shared with Kent County Council for the purposes of assessing eligibility for a free early education for two-year-olds place.

Signed		Date:
Print name		Date:

When completed, please email the application to miearlyyears@kent.gov.uk with the supporting documents (if applicable)