Little Saplings Preschool Class Application Form

This form should be completed by parents or by those who have parental responsibility or day to day care of the child. Please keep nursery informed of any changes to this information such as new mobile telephone numbers, changes of address, etc.

Completing this form does not guarantee your child's place. The preschool class follows the admission criteria as set by the school, which can be found on the school website. You will be contacted during the term before your requested start of placement.

Little Saplings Preschool Class are registered and inspected as part of the school's inspection. We provide early education and care for children from age three to five. Children that attend are not guaranteed a place at the school once they reach school age you will still be required to apply for a reception class place via the Lancashire County Council website.

PUPIL INFORMATION

Legal surname		Legal forename	
Middle name(s)		Preferred forename	
Date of birth		Sex	Female / Male
Ethnicity		Religion	
First language		Usual mode of travel	Walk / Cycle / Car / Taxi
Home address, including postcode (where child normally resides)		Names and dates of birth of siblings, including step-siblings	
Lunch meal type (please circle one only)	School Meal (paid) Packed Lunch	Special dietary requirements	
Doctor's name, address and telephone number		Previous nursery	
Any other relevant in	nformation: medical conditions	(allergies, asthma, etc), disab	ility, Social Care, Legal Orders,
Medical		Legal	
Social Care and other agencies		Other	
Please highlight how you will be funding your childs place	Paying for childcare Tax free childcare 15hr Universal funding 30hr funding	Term and year of place request	
30 hour eligibility code			
Parent/ carer name		Parent/ carer date of birth	
Parent/ carer National insurance number			

PARENT INFORMATION: MOTHER (Please underline the main contact telephone number)

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes / No
Does this person have parental responsibility?	Yes / No	Is this person an emergency contact?	Yes / No
Telephone numbers	Home:	Mobile:	Work:

PARENT INFORMATION: FATHER (Please underline the main contact telephone number)

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes / No
Does this person have parental responsibility?	Yes / No	Is this person an emergency contact?	Yes / No
Telephone numbers	Home:	Mobile:	Work:

If there are any other persons who have parental responsibility or can be deemed a 'parent' (eg step parent, or parent's partner), please provide details below. Please underline the main contact telephone number. Continue on a separate sheet if necessary (ie more than one additional person with parental responsibility, etc).

Surname		Forename	
Date of birth		Email address	
Home address, including postcode		Can this person collect the child from school?	Yes / No
Does this person have parental responsibility?	Yes / No	Is this person an emergency contact?	Yes / No
Relationship to child			
Telephone numbers	Home:	Mobile:	Work:

OTHER EMERGENCY CONTACTS - IN PRIORITY ORDER

Please provide below the names of any other people who can be contacted by school in an emergency (these may be family members, not identified overleaf, or friends). Please underline the main contact numbers.

Surname		Forename	
Relationship to child		Can this person collect the child from school?	Yes / No
Telephone numbers	Home:	Mobile:	Work:

Surname		Forename	
Relationship to child		Can this person collect the child from school?	Yes / No
Telephone numbers	Home:	Mobile:	Work:
Surname		Forename	
Relationship to child		Can this person collect the child from school?	Yes / No
Telephone numbers	Home:	Mobile:	Work:
Names of any other permitted to collect	r people who are t your child from school		
Names of any people who are NOT permitted to collect your child and reasons for this			
Name of person cor	npleting this form	Da	ate
Signature		Relationship to child	
is used for statutory	nder the Data Protection Act returns to the Local Authority onal information please refer	and the Department for Educ	ation. For information abo
ase return to the scho	ol office or return to L-S-@st-c	clares.lancs.sch.uk	