

# 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

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

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

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

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

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

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

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

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

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

<b>Names of any other people who are permitted to collect your child from school</b>	
<b>Names of any people who are NOT permitted to collect your child and reasons for this</b>	

**Name of person completing this form**

**Date**

**Signature**

**Relationship to child**

The school is registered under the Data Protection Act 2018 to keep the information submitted on this form. Pupil data is used for statutory returns to the Local Authority and the Department for Education. For information about how the school uses personal information please refer to the privacy notice displayed on the school website.

Please return to the school office or return to [L-S-@st-clares.lancs.sch.uk](mailto:L-S-@st-clares.lancs.sch.uk)

**School office use: Birth certificate seen Y/N**

**Seen by .....**