



APPLICATION FOR A PLACE IN A LANCASHIRE COUNTY COUNCIL
MAINTAINED NURSERY SCHOOL OR NURSERY CLASS IN A MAINTAINED SCHOOL

The Nursery Admissions booklet is available at www.lancashire.gov.uk/schools



1. SCHOOL / SETTING REQUIRED

Name of Establishment: **NEWTOWN NURSERY SCHOOL**

Are you applying for a place for a: 0-2 year old ☐ 2-3 year old ☐ or a 3-4 year old ☐

Will you be paying for this provision? Paid ☐ Funded ☐ Both ☐

Sessions Preferred: (Please tick up to 5 boxes.)

	MON	TUE	WED	THUR	FRI
BREAKFAST (8.00am – 9.00am) SUPPLEMENTARY CHARGE FOR 7.45AM					
MORNING					
AFTERNOON					
EARLY AFTERSCHOOL (3.00pm – 4.00pm)					
FULL AFTERSCHOOL (3.00pm - 5.15pm)					

3 and 4 year olds and some 2 year olds receive 15 hours per week free entitlement per child. The Nursery offers these as five 3 hour morning or afternoon sessions; other sessions may be available subject to availability. Please check provision with your preferred nursery and tick 5 boxes either morning or afternoon or tick here if you would like to discuss flexible hours with your provider ☐

2. CHILD DETAILS

Surname: _____ Forename(s): _____

Male ☐ Female ☐ (tick a single box) Date of Birth: _____

Who has parental responsibility: _____ (Please provide evidence - Birth Certificate)
Court Order YES/NO

Child's address: _____
Postcode: _____

Child lives with: _____ Nationality: _____ Country of Birth: _____

Ethnicity: _____ Religion: _____

English is a second language: YES/NO

Languages spoken in the home: _____

Which Primary School do you wish your child to attend after Nursery School?

1st Choice: _____ 2nd Choice: _____

Is your child on a waiting list at another Nursery? YES/NO

Have they attended another Nursery? YES/NO

3. SIBLINGS

These are defined as brothers, sisters, half brothers, half sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission).

Name _____ DOB _____ Home/School/Nursery _____

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4. PARENTS / CARERS DETAILS

Relationship to child: _____ Date of Birth: _____ National Ins No: _____

Surname: _____ Forename(s) Title: _____

Address: _____

Workplace Address: _____ Workplace Tel No: _____

Contact details: Email _____

Telephone No _____ Mobile _____

Surname: _____ Forename(s) Title: _____

Address: _____

Workplace Address: _____ Workplace Tel No: _____

Contact details: Email _____

Telephone No _____ Mobile _____

Relationship to child: _____ Date of Birth: _____

6. MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES

Child's Doctor		Doctor's Tel No.	
Child's Dentist		Dentist's Tel No.	
Is your child on the Child Protection Register?	YES / NO	Has your child been adopted from Care?	YES / NO
Is your child a Child Looked After (CLA)?	YES / NO	Has your child attended the Child Development Centre?	YES / NO
Do you have a Common Assessment Framework (CAF) in place or Team around the Family (TAF)	YES / NO	Is your child in the process of being assessed?	YES / NO
Are there any other professionals who work with your child?	YES / NO	Does your child have an Education, Health & Care Plan	YES / NO

If YES please select from the list below:-

Educational Psychologist ☐ Paediatrician ☐ Audiologist (Ears) ☐ Orthoptist (Eyes) ☐ Orthotics (Feet) ☐ Child Development Centre ☐

Health Visitor ☐ Social Worker ☐ Occupational Therapist ☐ Physiotherapist ☐

Others: _____

Name and Contact Details of Professionals: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING							
Speech Therapy	YES / NO	Hearing Problems	YES / NO	Epilepsy	YES / NO	Asthma	YES / NO
Glasses	YES / NO	Medication	YES / NO	Allergies	YES / NO	Dietary Needs	YES / NO

Further Details: _____

How did you hear about us? _____

7. SIGNATURE(S)

Print Name (in full)	Signed	Date
_____	_____	_____
_____	_____	_____

I/we acknowledge that the information given on this form is accurate.

OFFICE USE ONLY

Red Book Checked YES/NO
Premature? **YES/NO** Weight & Growth Satisfactory? **YES/NO**
Immunisations up to date? **YES/NO** Any notes from HV? E.g. sleep/diet **YES/NO**
Development checks up to date? **YES/NO** (take copy of 2yr check)

NHS Number: _____ Birth Certificate Checked: YES/NO

UPN NO: _____

DFE ELIGIBILITY NO.(2YR) _____

FUNDING CODE _____

Form Checked By: _____ Date: _____