



Lancashire County Council Maintained Nursery School

Sessions Preferred: Mornings x 5 Sessions Afternoons x 5 Sessions

We also offer a limited number of flexible places, please indicate in the box below the sessions you require (please tick up to 5 boxes)

	MON	TUES	WED	THURS	FRI
MORNINGS (8.45am – 11.45am)					
AFTERNOONS (12.45pm – 3.45pm)					

If you think you may be eligible for either the 2 year old funding or the free 30 hours early education, please tick the relevant box

2 Year Funding Free 30 hours

Wraparound care is also available through our Early Years Care provision. Please complete section 5 if you are interested in this.

1. Child's Details

Surname: Forename(s):

Male Female Date of Birth:
(Please provide evidence e.g. birth certificate, Child benefit book, red health book)

Address: Postcode:

2. Parents / Carers 1

Forename(s):

Surname:

Address: (if different from child's)
.....
.....

Postcode:

Relationship to child:

Date of Birth:

NI number:

Home Telephone number:

Mobile number:

Email:

Parents / Carers 2

Forename(s):

Surname:

Address: (if different from child's)
.....
.....

Postcode:

Relationship to child:

Date of Birth:

NI number:

Home Telephone number:

Mobile number:

Email:

3. Child's 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).

Surname Forename(s) Dob Male / Female
Surname Forename(s) Dob Male / Female

4. Medical Social Welfare Circumstances of the child? (these will be treated in the strictest of confidence)

Is / does the child?

- | | Yes | No |
|--|--------------------------|--------------------------|
| • In public care (looked after)? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Known to Children’s Integrated Services? (Social Worker) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Statement of Special Educational Needs / EHC Plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Known to the Educational Psychology Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have a disability or illness | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide supporting evidence / information:

.....

.....

Are there any persons / professionals who could support this application. Please state any information which you think is relevant or attach a written statement if available.

<u>Name</u>	<u>Designation</u> <small>(i.e. doctor / health visitor)</small>	<u>Address</u>	<u>Tel Number</u>
.....
.....

5. Flexible Provision – your requirements.

- I am likely to need breakfast provision 7.45am-8.45am
- I am likely to need lunchtime provision 11.45am-12.45pm
- I am likely to need after school provision 3.45pm-5.45pm
- I am likely to need full day provision 8.45am-5.45pm
- I am likely to need provision during school holidays

Flexible provision over less than 5 days is something we can sometimes accommodate but will be discussed on an individual basis. If you would like this please tick here

6. General Information

The admission criteria for Lancashire’s maintained Nursery Schools is available at www.lancashire.gov.uk
 Please note that if you access 15 hours per week of free provision in a Local Authority nursery school or class then you cannot also have additional free provision in a private nursery, voluntary or independent nursery.
 If you think you may be entitled to the 2 year funding or the 30 hours free childcare, please log onto www.childcarechoices.gov for more information.

7. Signatures of parents/carers

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

<u>Print name in full</u>	<u>Signed</u>	<u>Date</u>
1.
2.