

FAIRFIELD COMMUNITY PRIMARY SCHOOL

Rochdale Old Road, Bury, Lancashire, BL9 7SD Tel. 0161 764 1559

APPLICATION FORM FOR A NURSERY PLACE

All information given on this form will be treated in confidence



Child's present Family name _____ Forenames _____ Child's legal name if different _____ Address _____ Date of Birth _____ _____ Gender _____ _____ Tel. No. _____	
Mother's Full Name _____ (Address if different from above) _____ _____ _____	Father's Full Name _____ (Address if different from above) _____ _____ _____
Emergency contact address /telephone No(s) _____ _____	

Who does the child live with? _____

Who has parental responsibility under the Children's Act? _____

Languages spoken at home _____ Religion _____

Name & address of Doctor	Health Visitor	Social Worker
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Speech Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emotional/Behavioral Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual Difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Injections to Date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	18 Month Development Check	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Special Diet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any further information	_____	

Is your child on the Child Protection Register or subject to a Care Order? Yes No

Does your child receive support for special needs e.g. Portage?

Does your child have a statement of special needs?

Is he/she in the process of being assessed?

Does anyone in your home have; any physical, mental or other serious health problems or special needs?

Is anyone in your home a refugee or seeking asylum seeker status?

Do you receive Income Support?

Do you have three or more children under six years of age?

Has your child had any other nursery/pre-school experience?

If so where? _____

Please enter below details of other children who are currently in primary school

Child's Name	Date of Birth	School

Which primary school do you wish your child to attend after nursery?

1st Choice _____ 2nd Choice _____

Is your child on the waiting list for any other nursery? Yes No

Part-time nursery place preferred (please tick one) Full Time No Preference
Morning Afternoon

All 3 and 4 year old children are entitled to a free part-time place of 5 sessions of 3 hours per week. It is illegal to claim a free place at more than one setting. Additional childcare sessions may be available but will have to be paid for.

Full-time places are dependent on there being spaces available. There is currently a £75 (£15 per session) charge for a full-time place. This charge is still payable if the child has been absent due to illness, etc.

DATA PROTECTION ACT 1998

The Council maintains a Register Entry in respect of the purpose for which the information in this document is to be used. Personal data provided by you on this form is treated in confidence and complies with the requirements of the Act.

The information will not be used for any other purpose than that advised to you. The council may, however, contact other organisations to verify the in the information you have provided on this form.

OFFICE USE ONLY: Birth Certificate seen Yes No