

2byTwo & Pre-school

PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	___/___/___
HOME ADDRESS <small>including post code</small>			

PARENT INFORMATION

* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS <small>including post code</small>	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
NATIONAL INSURANCE NO					
E-MAIL ADDRESS					

FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY		Yes / No	
HOME ADDRESS <small>including post code</small>	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:	MOBILE:	
NATIONAL INSURANCE NO					
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS <small>including post code</small>	* <input type="checkbox"/>				
TELEPHONE NUMBERS		HOME:	WORK:		MOBILE:

CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary

Please provide below **ANY** other names of people who can be contacted by school in emergency, underlining the main contact number.

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

Parent in Armed Forces YES/NO Is your child Adopted YES/NO

Has your child ever been in Care of Local Authority YES/NO

MEAL TYPE (please circle one only) School Meal (paid) Packed Lunch

Any special dietary requirements _____

MEDICAL INFORMATION – Attach an extra sheet if necessary

NAME OF DOCTOR:		NAME AND ADDRESS OF PRACTICE:	
MEDICAL CONDITIONS:			

MODE OF TRAVEL (one most often used) Car / Walk / Cycle other please specify

ETHNICITY _____ RELIGION _____

IS ENGLISH THE CHILD'S FIRST LANGUAGE? YES / NO

IF NO, PLEASE INDICATE LANGUAGE SPOKEN _____

PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)

Previous School, Nursery			
From	/ /	To:	/ /

Do you give permission for your child's photograph to be used in school publications (including our website), Facebook, Twitter and also in the local press. YES/ NO

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW

Signature _____ Date _____

Name (please print) _____ Relationship to child: _____



St Andrew's C.E. 2byTwo and Pre-school

The sessions you are requesting:

Session	Pre-school fees	2bytwo nursery fees	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club 7.45am-8.45am	£4.00	£4.00					
A.M. session 8.45am-11.45pm	£15.50	£17.00					
P.M. session 12.15pm-3.15pm	£15.50	£17.00					
After school Club 3.15pm-6pm	£10.00	£10.00					

School Dinners: £2.00 per day/£10.00 per week.

School dinners /Packed lunch /N/A PLEASE CIRCLE REQUIREMENTS

You may be entitled to a 15 hours funded place the term after your child turns two – to find out if you are eligible call 0800 123 6712 or apply online at Lancashire.gov.uk/family

ALL Children are funded for 15hrs (5 sessions) from the term after they turn three.

Any additional sessions are charged as above table (pre-school charges apply the term after your child turns three). You may be entitled to extended 30 hours funding (additional 5 sessions) when your child turns 3 – to find out if you are eligible apply online at Lancashire.gov.uk/childcare

I understand that I will have to pay for all sessions booked, whether or not my child attends, and if I wish to cancel the booking I will have to give four weeks' notice in writing.

Signed: _____

Name (print): _____

Date of application: _____

Date you wish your child to start: _____

Do you give permission for your child to take part in school trips as part of their curriculum activities? This includes off site trips into the locality e.g. Local schools, parks, church & Library etc. YES / NO
In the event of medical treatment being required I give my permission for a named first-aider to provide basic first aid. YES / NO
I give my permission for my child to be changed if he/she needs toileting assistance. YES / NO

