



LYTHAM CHURCH of ENGLAND PRIMARY SCHOOL

Park View Road, LYTHAM, Lancashire, FY8 4HA. Telephone: (01253) 736900

Associate Headteacher: Miss J Webster
Acting Headteacher :Mrs N Bailey
Nursery Class teacher: Mrs A Lumby

Application for Lytham C of E Nursery Class

First name(s) of child: _____

Surname of child: _____

Date of birth: _____

Ethnicity: _____

Language spoken at home: _____

Full address: _____

Postcode: _____

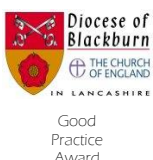
Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

Daytime/work number: _____ Home number: _____

Mobile number: _____ Email: _____



e-mail: head@lytham.lancs.sch.uk Facsimile: (01253) 736901

Parent/carer name (2): _____

Relationship to child: _____

Full address (if different): _____

Daytime/work number: _____ Home number: _____

Mobile number: _____ Email: _____

Session request. (PLEASE NOTE YOUR CHILD IS NOT ELIGIBLE FOR FUNDING TILL THE TERM AFTER THEIR 3RD BIRTHDAY).

Preferred start date: _____

Please circle the sessions you would like your child to attend:

Breakfast 7.30am-8.45am	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8:45-11:45am	Monday	Tuesday	Wednesday	Thursday	Friday
Lunch 11:45-12:30pm	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon 12:30-3:30pm	Monday	Tuesday	Wednesday	Thursday	Friday
After school club 3.30-6pm	Monday	Tuesday	Wednesday	Thursday	Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

Signed parent/carer 1: _____ **Date:** _____

Signed parent/carer 2: _____ **Date:** _____
