



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: _____

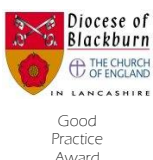
Parent/carer name (1): _____

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: _____

Other Emergency Contact Information

1. Name

2. Name

Address

Address

Telephone number

Telephone number

Medical Information/specific requirements (SEND)/allergies etc

(Any prescribed medicine required to be taken during nursery/club hours needs to have written parental consent in order for staff to administer them. Please ask.)

In the event of an emergency I give permission for my child(ren) to be taken to hospital either by a member of staff or a member of the emergency services. Please tick

Yes
No

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

Collection

Who will/can collect your child?

Name

Telephone number

Any additional information we need to know?

Consents

I do/do not give permission for photos of my child(ren) to be displayed on the school website, school social media accounts.

I do/do not give permission for photos of my child(ren) to be displayed inside the Nursery/Out of School Clubs.

Signed _____ Date _____

I confirm that I have read our full policies and procedures and those which relate to our nursery and out of hours clubs. These are available from school or the school website.

<https://www.lytham.lancs.sch.uk>

I confirm that I have read and agreed to the terms and conditions of the Lytham C of E Nursery , as outlined in the information booklet.

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:** _____
