



Lytham St Annes Montessori Nursery School
 Harrogate Road
 St Annes
 Lancashire
 FY8 3QQ

Tel:- 01253 782531
 Mobile 07789 775476

ADMISSIONS FORM

CHILD'S DETAILS:

Surname:		Fore names:	
Name by which child is known, if different to above:		Date of birth:	
Nationality:	Ethnic background:	Home language:	Religion:
Which primary school will your child attend?		Date of entry to reception class:	

Name of Person filling in this form:	Relationship to the child:
Person(s) with Parental Responsibility:	Primary email address:

FAMILY DETAILS:

Name of mother:	Name of father:
Mother's Address:	Father's Address: (if different)
Telephone:	Telephone:
Addresses where child resides: (if different)	Family doctor: Health Visitor:
Telephone:	Telephone:

CONTACT DETAILS:

Please give full details, including name, address (if different from above), telephone numbers and relationship to the child.

First contact:	Third contact:
Second contact:	Fourth contact:

Who is authorised to collect your child? The persons listed below must be responsible and over 16 years of age.

1.	3.
2.	4.
5.	Password (This will be required to be given to staff by persons who don't usually collect your child)

So that we may meet your child's individual needs it is important that you complete the following fully:

Please give full names and dates of birth of other siblings:

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Does your child have any special needs?	Does your child have any allergies?
Does your child have any ongoing health problems or medical conditions?	Is your child involved with any other agencies?
Does your child attend, or have they previously attended, any other setting?	Do you have any requests regarding religious observance, food, clothing etc. which you would like us to follow?
Please provide any background information which will help us to understand your child more fully. For example; particular fears, particular words your child uses or recent family events:	

POLICIES, TERMS AND CONDITIONS:

A full statement of policies is available for parents to read if they so wish. By signing below you are indicating that you agree with these policies. Please sign each section.

	Signature of Parent/Carer
4 weeks notice will be given of cancellation of a place, or alternatively, 4 weeks fees in lieu of notice (not including holidays).	
Overdue fees will incur additional costs of:- <ul style="list-style-type: none">• £5 per reminder• £5 per telephone call• £5 per letter. In addition, following a reasonable length of time to settle any overdue fees, debts will be placed in the hands of our debt recovery service when interest and 15% will automatically be added. Extra sessions should be paid for on the day wherever possible.	
Photographic evidence of children's activities is taken for their attainment files, sometimes including other children. Occasionally children's photographs are used in promotional and press releases, although names and details will not be specified unless express permission has been granted by the parent/carer.	
A uniform will be worn whilst attending nursery.	
Consent is given to the sharing of information to other professional agencies, such as transitional profiles with reception teachers, speech and language therapists, child development centres, educational psychologists, or any other professional where the best interests of the child are foremost.	
Children, from time to time, may be escorted on outings to the local vicinity in accordance with appropriate staff ratios, for example to the local shops, park or school productions/activities. Notification of any outing outside the school grounds will be given to parents prior to the outing.	
Unless expressly requested, children will not bring toys, make up or jewellery to nursery, although comforters are permitted, such as dummies, blankets etc.	
Children suffering from infectious diseases must remain absent from nursery for a period of at least 48 hours after symptoms have ceased. For example, children who have suffered diarrhoea or sickness. Parents/carers should inform Kindergarten of the absence at the earliest convenient time.	
Children suffering from infestations such as headlice, threadworm etc. which could be transmitted to others must remain absent from nursery until clear of infestations. Parents/carers should inform nursery of the infestation at the earliest convenient time.	
Parents/carers have a duty to inform the nursery if there are any changes in details as specified on this admission form.	
Consent is given to nursery staff or medical professionals to act for the child in event of a medical emergency.	

Name of Parent/Carer: _____ Date: _____

**PARENTAL/CARER/GUARDIAN AGREEMENT FOR THE PROVISION OF
FREE EARLY EDUCATION (FEE) for TWO, THREE & FOUR YEAR OLD CHILDREN**



Provider name:	Lytham St Annes Montessori Nursery School (LSA Montessori)
Provider address:	Harrogate Road, St Annes, Lancashire FY8 3QQ

1. Child's Details

Child's Legal Family Name:		Child's Legal Forename(s):	
Name by which the child is known (if different from above):		Child's NHS Number:	
Date of Birth:		Male/Female:	
Documentary proof of DoB:	Type (eg Birth Certificate, Passport etc)	Seen by	Copy taken y/n
Address:			Post Code:

2. Parent/Carer/Guardian with legal responsibility details

	Parent/Guardian 1	Parent/ Guardian 2 (optional)
Legal family name		
Legal forename(s)		

National Insurance Number or (NASS Number)		
Date of birth		

3. Agreed hours of attendance for my child

Placement Start Date

Term	Autumn		Spring		Summer	
Term Dates	1 st September to 31 st December		1 st January to 31 st March		1 st April to 31 st August	
Max No. hr/wk in term	210hr/14wk		165hr/11wk		195hr/13wk	
Day	No. hours child will attend	Agreed No. FEE hours	No. hours child will attend	Agreed No. FEE hours	No. hours child will attend	Agreed No. FEE hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Total hours per week						

	Autumn Term	Spring Term	Summer term
No. of weeks FEE taken over			
Term Entitlement hours			

4. Agreed Provision of lunch

I understand the provider may make lunch/snacks available for my child and that these may incur a reasonable charge, shown below. However, should my child require food while attending a FEE place, I am able to provide him/her with a packed lunch/snacks at no cost.

I understand that: (Delete as appropriate)

Lunch/snacks will be required/provided Yes/No

I will provide my child with a packed lunch/snacks Yes/No

Lunch/snacks will be provided at a cost of (Enter daily charge) £.....

5. Notice Period and Transfer of Entitlement

As the parent/carer/guardian of the above named child I understand that I shall be entitled to move my child from the above named childcare provider to a new provider, by giving the childcare provider at least **one month written notice** of my intention.

I also understand, that if this movement occurs after a term's "Headcount" day, any FEE entitlement allocated, for that term, to the above named child, **will not be transferred** to the new provider.

6. Absence Monitoring

I understand that for my child to receive the greatest benefit from the FEE entitlement, it is important my child's attendance is in line with the agreed hours detailed above. Whilst it is appreciated that absences may occur due to unforeseen circumstances, I understand that the childcare provider will report my child's absence, to my local children's centre, in accordance with the childcare provider's safeguarding policy.

7. Take-up of Additional FEE entitlement

Does your child take up any FEE hours at any other childcare provider? Yes/No

If Yes, please complete the following:

Provider Name	
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Provider Address		
Telephone Number		
Day	No. of hours child attends	No. of FEE hours child receives
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total No. hours per week		
No. weeks entitlement to be taken over		
Term Entitlement hours		

Declaration I (Name)

of (Address)

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (Name of Provider)

..... to claim Free Early Education funding as agreed above on behalf of my child. In addition I also agree that:

- The information I have provided can be shared with Lancashire County Council to enable this provider to claim the Early Years Pupil Premium (EYPP) on behalf of my child.

- Should the situation arise that the above named provider is judged by Ofsted, or its equivalent body, as inadequate, then the provider must, immediately on receipt of Ofsted's notification, give me four weeks written notice that my Free Early Education funding will cease at the end of the notice period. If such an instance occurs, then any residual balance of funding will be made available for me to secure alternative childcare, which LCC's Family Information Service can assist me in finding, if required.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print name		Print name	
Date		Date	