

Fledglings Pre-school

Part of St Christopher’s C of E Primary School

***Admission to Fledglings Class DOES NOT guarantee a full-time Reception Class place at St Christopher’s Primary School . A separate application for a full-time school place MUST be made to Suffolk County Council at the appropriate time. Children transfer from Fledglings to Reception Classes in the September following their 4th birthday, when a Reception class place has been applied for and offered via Suffolk County Council Admissions Team.***

***See*** [***www.suffolk.gov.uk/admissions***](http://www.suffolk.gov.uk/admissions) ***for full information.***

**PLEASE PRINT IN CAPITAL LETTERS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD INFORMATION:** | | | | | | | | | | |
| Child’s surname: | | | Forenames: | | | | | | | |
| Child’s ‘known as’ surname (if applicable): | | | | | Male/Female: | | | | | |
| Date of Birth: | | | Number of Siblings: | | | | | | | |
| **PARENT INFORMATION:** | | | | | | | | | | |
| **Mothers** Surname: | | Forename: | | | Title: Mrs/Miss/Ms  Date of Birth: | | | | | |
| Full Address: | | | | | | | | | | |
| Postcode: | | Telephone No: | | | Mobile No: | | | | | |
| Email address: | | | | | | | | | | |
| **Father’s** Surname: | | Forename: | | | Title:  Date of Birth: | | | | | |
| Full Address: | | | | | | | | | | |
| Postcode: | | Telephone No: | | | Mobile No: | | | | | |
| Email address: | | | | | | | | | | |
| **WORKPLACE OF PARENTS DURING THE DAY**  *(Please include the telephone number and the days worked if part-time.)* | | | | | | | | | | |
| **Mother:** Work name & address: | | | | Telephone No:  Extension No: | | | | | | |
| Working hours if during the school day: | | | |  | | | | | | |
| **Father:** Work name & address: | | | | Telephone No:  Extension No: | | | | | | |
| Working hours if during the school day: | | | |  | | | | | | |
| **EMERGENCY CONTACTS:**  *(Please provide the details of someone who can be contacted if neither parent is available.)* | | | | | | | | | | |
| Emergency Contact (Name): | | | | Telephone No:  Mobile No: | | | | | | |
| Address: | | | | Relationship to child: Relation/Friend/Neighbour | | | | | | |
| Emergency Contact (Name): | | | | Telephone No:  Mobile No: | | | | | | |
| Address: | | | | Relationship to child: Relation/Friend/Neighbour | | | | | | |
| *If you have additional contacts, please provide these on a separate piece of paper and indicate priority.* | | | | | | | | | | |
| **MEDICAL INFORMATION: *(In case of emergency)*** | | | | | | | | | | |
| Name of Doctor/Surgery: | | | | Telephone No. | | | | | | |
| NHS Medical No: | | | |  | | | | | | |
| Health Visitor: | | | | Telephone No: | | | | | | |
| Does your child have any medical condition?  e.g. asthma, eczema, allergies | | | |  | | | | | | |
| Does your child need to take any medication? | | | |  | | | | | | |
| Does your child have any additional needs?  e.g. hearing/visual impairment | | | |  | | | | | | |
| Can your child independently use the toilet? | | | |  | | | | | | |
| Has/is your child seen/is seeing any of the following professionals? | | | | | | | | | | |
| Health Visitor: | | | | Advisory Teacher: | | | | | | |
| Speech & Language Therapist: | | | | Educational Psychologist: | | | | | | |
| Occupational Therapist: | | | | Paediatrician: | | | | | | |
| Family Support Worker: | | | | Physiotherapist: | | | | | | |
| Other: | | | |  | | | | | | |
| Reasons for contact with outside professionals: | | | | | | | | | | |
| In order to develop inclusive practice within our Nursery, it may be necessary to seek advice from other professionals from time to time on how to adapt our practice to meet individual needs. Please sign to acknowledge your agreement with this:  Signature………………………………………………………………………………………...............................................................  Full name:…………………………………………………………………………………………………………………………………………………….  Parent/Guardian *(please delete as appropriate)* | | | | | | | | | | |
| **OTHER INFORMATION** | | | | | | | | | | |
| Is your child: | | | | | | | | | | |
| Looked After (child in care) Yes / No | | | | | | | | | | |
| Previously Looked After (but ceased to be so) because they were: | | | | | | | | | | |
| 1. Adopted | | | | Yes / No | | | | | | |
| 1. Subject to Child Arrangements Order | | | | Yes / No | | | | | | |
| 1. Special Guardianship Order | | | | Yes / No | | | | | | |
| If you have answered Yes to any of the above questions, please provide more details below:  Alternatively, please bring in the official Court paperwork for us copy for the Child’s Record file. | | | | | | | | | | |
| Is your child the subject of a recognised Child Protection Plan (under current legislation and drawn up by Social Care Services) where a specific nursery placement is identified? Yes / No  Please provide details: | | | | | | | | | | |
|  | | | | | | | | | | |
| Does your child have any siblings who are already attending St Christopher’s Primary School or who have already been offered a place and will still be here at the time of admission? Yes / No | | | | | | | | | | |
| Other children in family: | | | | | | | | | | |
| Name: | | | | Date of Birth: | | | | | | |
| Name: | | | | Date of Birth: | | | | | | |
| Name: | | | | Date of Birth: | | | | | | |
| **ETHNIC ORIGIN** | | | | Date of Birth: | | | | | | |
| We are required by the Department of Education and Skills to ask for information on ethnic origin**. Please can you tick the one box which best describes your child’s ethnic origin.** | | | | | | | | | | |
| White: | | | | | | | | | | |
| English | | | | | | | | | | |
| Welsh |  | | | Asian or Asian British: | | | | | | |
| Gypsy/Roma/Traveller | Irish | | | Indian | | | | Pakistani | | |
| Other: *(please specify)* | Scottish | | | Bangladeshi | | | |  | | |
| Mixed: White and Black Caribbean | | | | Any other Asian background *(please specify)* | | | | | | |
| White and Black African | | | |
| White and Asian | | | | Black/Black British: Caribbean  African Other | | | | | | |
| Any other mixed background | | | |
| Chinese: | | | | Other minority ethnic group (please specify) | | | | | | |
| Language spoken at home: | | | |
| English as an Additional Language (EAL): Yes No | | | | Parent declined to say | | | | | | |
| **NURSERY DETAILS** | | | | Religion: | | | | | | |
| Please indicate below the sessions that you wish for your child to attend (subject to space and availability). | | | |  | | | | | | |
|  | | | | | | | | | | |
| **Full Day Session (7.5hrs)** | | | | | | | | | | |
|  | | | | | Mon | Tue | Wed | | Thurs | Fri |
| **8:30am – 4:00pm** | | | | |  |  |  | |  |  |
| **Early Morning Session (8:00am – 8:30am)** | | | | |  |  |  | |  |  |
| **Late Afternoon Session (4:00pm – 5:00pm)** | | | | |  |  |  | |  |  |
|  | | | | |  |  |  | |  |  |
| **ADDITIONAL INFORMATION** | |  | | | Number of Sessions: | | | | | |
| We accept 15 hour and 30 hour Funding (please check your eligibility via the Suffolk Family Information Service online at [www.suffolk.gov.uk/fsd](http://www.suffolk.gov.uk/fsd) Telephone: 0345 60 800 33 email: [childcare.planning@suffolk.gov.uk](mailto:childcare.planning@suffolk.gov.uk) or the website: [www.suffolk.gov.uk/30hours](http://www.suffolk.gov.uk/30hours)  **Please indicate your preferred Start Date here: ………………………………………………………………… Please note, this may have implications on what we can offer you depending on what spaces are available. Children are accepted into Fledglings once they turn three years old.** | | | | | | | | | | |
| **PARENTAL DECLARATION**  This information is true to the best of my knowledge and belief. I understand that if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by St Christopher’s primary School.  I understand that it is my responsibility to check the funding that my child may be entitled to and that all other sessions are payable as per the table of costs shown on the attached fees list.  Parent/Guardian Signature ……………………………………………………………………………………………………………………………………..  Full Name (please print) ………………………………………………………………………………………………………………………………………….  Date of Signature …………………………………………………………………………………………………………………………………………………… | | | | | | | | | | |
| **Fair Processing Notice**  Information collected using this form will only be used by the Diocese of Ely Multi-Academy Trust (of which St Christopher’s Pre-School is a part) to support the admission of new children into the preschool and provision of education for those children going forward. The information is requested also to enable the pre-school to comply with its responsibilities in accordance with relevant legislation.  For more information, please refer to the relevant privacy notice which can be accessed via the following link:  https://www.demat.org.uk/policies | | | | | | | | | | |

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| **FOR OFFICE USE ONLY** | |
| School Brochure given | |
| Birth Certificate seen Yes No | |
| Passport Seen Yes No | Earliest Start Date |
| Admissions Number | Passport Number |
| Date Admitted | UPN |
| Year Group | PAF form received |
|  |  |
| Eligible for 30 Hour funding: Yes No | Childcare Vouchers used: Yes No |
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**Table of Preschool Fees:**

**We are pleased to offer both 15-hour and 30-hour funded childcare for all children in the term following their third birthday.**

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| --- | --- |
| **Type of Session:** | **Cost:** |
| **Funded Session- 8:30am to 4:00pm**  **Monday – Friday (children can bring packed lunch or can purchase a school meal at the cost of £2.36)** | **Funded Session** |

**In addition to your child’s fully funded sessions, you may also wish to consider additional sessions. You may be entitled to these at no extra cost (please see included information regarding 30 hours funding)**

|  |  |
| --- | --- |
| **Type of Session:** | **Cost:** |
| **Early Morning Nursery sessions**  **From 8:00am to 8:30am** | **£3** |
| **Late Afternoon Nursery Sessions**  **From 4:00pm to 5:00pm** | **£6** |
| **Non-Funded Whole Day Sessions**  **From 8:00am to 5:00pm** | **£48** |
| **Lunch (children can bring packed lunch)** | **£2.36** |