

NORDEN

Community Primary School

*Being the
best we can be*

Nursery

NURSERY APPLICATION FORM – SEPTEMBER 2025

This application form is for a place in our Nursery Class to start in September 2024. Please ensure that this form and the attached Pupil Information Record is completed **in full** and returned to school by: **31st January 2025**

When submitting your application to the school office, please bring with you a proof of address (e.g. utility bill) which is less than 3 months old and your child's birth certificate. We will take a copy of each for your child's file and return the original to you.

For office use only:-

Original proof of address seen

Original birth certificate seen

Originals seen by:

PLEASE INDICATE THE SESSIONS YOU WISH TO REGISTER FOR

All children are entitled to 15 hours free provision, which may be used flexibly. From September 2017, the government introduced 30 hours free childcare entitlement for eligible parents, to find out more information or to see if you are eligible, see: www.rochdale.gov.uk/children-and-childcare/childcare. The 30 hours funding is only in place to cover 'learning hours', in which the children will have access to all areas of the EYFS curriculum for their Learning and Development. For this reason, we are unable to use this funding to cover the cost of lunches or before and after school clubs.

For those parents not entitled to 30 hours funding, additional hours over and above 15 hours of flexible entitlement may still be available, where demand allows, and for this there will be a charge (see prices below). Please give your preference in the box below.

MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY		
AM	L	PM	AM	L	PM	AM	L	PM	AM	L	PM	AM	L	PM
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

For each day, please mark with an 'X' for the sessions that you require:

AM – Morning Teaching Session **L** – Lunch **PM** – Afternoon Teaching Session

Session	Times		Cost per day
Morning	8:30am – 11:30am	3 hour AM Session includes a free healthy snack	£14.40
Lunch	11.30am – 12.15pm	¾ hour wraparound lunchtime care and a free hot meal	£3.60
Afternoon	12:15pm – 3:15pm	3 hour PM Session includes a free healthy snack	£14.40

Additional teaching hours of nursery provision, above the funded hours to which you are entitled, are calculated at £4.80 per hour. This allows us to offer a 'school hours' package (8.30am – 3.15pm, including lunch) for £90.00 per week. The 'school hours' package is dependent on available places and in negotiation with the Nursery Manager.

If your child attends for more than the 15 hours free provision, or if they attend for a full day (and thereby stay with us for lunch) you will incur termly Nursery Fees. Nursery Fees become available on ParentMail* at the beginning of each term. We ask for fees to be paid a minimum of one week in advance, no later than the first day of attendance each week, we also understand that some families will prefer to pay monthly or termly in advance. There are several pay-options available for you to pay the nursery fees, please speak to the school office for full details.

*ParentMail is a free-to-use web service available to all our families. It enables communication, payments, parents evening booking, electronic permission form submissions and much more.

TERMS: All fees are payable without exception if your child fails to attend their agreed sessions without reason. If you fall into arrears of more than two weeks, it may mean that your child cannot access any extra sessions. Non-attendance for any sessions over and above the free 15/30 hour entitlement due to illness (child or parent/carer) still need to be paid. A minimum of one month's notice, in writing to the Nursery Manager, is required if you wish to terminate your child's place at the Nursery.

DECLARATION OF UNDERSTANDING

Please sign here to confirm you understand and agree to the terms above

Parent/Carer Signature:

Parent/Carer Print Name:

Date:

DD/MM/YYYY

Pupil Information Record

Please complete all sections in full. School is required to hold certain information regarding pupils on a computerised system. To ensure that we have up to date information, please could you spare a few minutes to fill in the following details about your child. We also ask parents to notify school if any details change in the future.

GENERAL INFORMATION – CHILD

(Please print the information as shown on the birth certificate)

Legal Surname:		Legal First Name:	
Middle Name(s):		Preferred Name:	
Date of Birth:		Gender:	
Main Address:			
Postcode:		Home Telephone:	

DETAILS OF PARENT/CARER

Please provide the details of **all** persons who have parental responsibility. Parental responsibility is usually those who are listed on the birth certificate or those who have an adoption or special guardianship order.

Parent/Guardian – Emergency Contact 1

Please fill in the contact details you want us to use to communicate with you

Title: (Mr/Miss/Mrs etc.)		Full Legal Name:	
Parent/Guardian D.O.B: (DD.MM.YYYY)		DD / MM / YYYY	
Parent's NI Number			
Home Address & Postcode: (if not the same as the child's main address)			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Email Address:	
Relationship to Child:		Are you the custodial parent? (Joint custody 2 nd address)	

Parent/Guardian – Emergency Contact 2

Please fill in the contact details you want us to use to communicate with you

Title: (Mr/Miss/Mrs etc.)		Full Legal Name:	
Parent/Guardian D.O.B: (DD.MM.YYYY)		DD / MM / YYYY	
Parent's NI Number			
Home Address & Postcode: (if not the same as the child's main address)			
Home Telephone:		Mobile Telephone:	
Work Telephone:		Email Address:	
Relationship to Child:		Are you the custodial parent? (Joint custody 2 nd address)	

SPECIAL CIRCUMSTANCES

Please detail below if there are any special circumstances (e.g. separated parents, rights of access, separated parents each requiring a report etc..)

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EMERGENCY CONTACTS

(Relatives or friends who can be contacted when we are unable to contact named Parents/Carers)

	Title	Full Legal Name	Relationship to Child	Telephone Number(s)
Emergency Contact 3:				
Emergency Contact 4:				
Emergency Contact 5:				

DETAILS OF BROTHERS/SISTERS ATTENDING PRIMARY OR SECONDARY SCHOOL

Name	Class	Name of School

ADDITIONAL OR SPECIAL EDUCATION NEEDS

Does your child have any special educational needs that the school needs to be aware of? If so please can you supply details below:

Have you or your child any impairment or disability, which may prevent access to the building or access to information provided by the school? If so, please can you supply details below:

DIETARY & SCHOOL MEAL INFORMATION

What meal will our child be having at school? (please tick the appropriate option)

School Meal Free School Meal Packed Lunch

Does your child have any dietary needs the school **MUST** be aware of? (i.e. Vegetarian, Vegan, Halal, Gluten free, Kosher) PLEASE

NOTE: **ANY** form of food allergy or intolerance **must** be listed here **AND** in the Medical Information section below

MEDICAL INFORMATION			
Doctor's Name:			
Surgery Name:			
Surgery Address:		Surgery Telephone No:	
Please provide details below of ANY diagnosed medical condition which school need to be aware of;			
Medical Condition / Diagnosis: YES / NO		Diagnosed Allergies: YES / NO	
Condition / Diagnosis details:		Allergy details:	
<p><i>If you have advised us that your child has Asthma, please complete the Asthma Care Plan below.</i></p>		<p><i>If you have advised us that your child has any allergies, please include a passport-sized photograph with this form.</i></p>	
<p>Does your child take any regular medication? If so, you must provide details below. Please detail the name of medication, dose, method of administration, when to be taken, side effects, contradictions, administered by or self-administered and any other pertinent information.</p>			
Medication details:			
<p>You must provide any regular medication before your child starts school. Please also ensure you provide new medication as they reach the expiry date. Thank you.</p>			

ADDITIONAL MEDICAL INFORMATION (Please circle or highlight your answer)		
1) Are there any symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. that school need to be made aware of?	YES	NO
2) Are there any daily care requirements?	YES	NO
3) Is there any specific support for the child's educational, social and emotional needs?	YES	NO
4) Will school need to have additional arrangements in place for school visits/trips etc.?	YES	NO
If you have answered 'YES' to any of the above questions, please use this space to provide more information:		
Does a doctor or hospital have your permission to administer any required treatment to your child in an emergency? (Please circle or highlight your answer)	YES	NO
Can your child be taken out of school in an emergency? (Please circle or highlight your answer)	YES	NO

ASTHMA CARE PLAN

If you have specified above that your child has a **diagnosed medical condition of asthma** please complete the information below:-

ASTHMA CARE PLAN Where appropriate, please circle or highlight your answer

Does your child have an asthma nurse?

YES**NO**

Name of Asthma Nurse:

Telephone number(s) for Asthma Nurse:

You must provide an inhaler (and spacer, if required) before your child starts school.
Please also ensure you provide new inhalers as they reach the expiry date. Thank you.

Does your child know when they need their inhaler?

YES**NO**

Does your child need help with their inhaler?

YES**NO**

Do they use a spacer? (if so please make sure to provide one with their inhaler)

Does your child need their inhaler before exercise or play?

YES**NO**

Please circle or highlight your child's Asthma trigger(s):

Cold Air

Changes in Weather

Damp or Mould

Colds or Virus

Exercise

Night Time

Pollen

Dust

Pets

Excitement

Emotion

Cigarette smoke

Other trigger, not listed above: (please specify)

Name of Medication

e.g. salbutamol

Frequency, dose and directions of your child's Inhaler use

(How frequently will it be needed, how many squirts, how many breaths etc.)

What are the indications that your child needs their inhaler?

(Are they wheezing, coughing, short of breath etc.)

In the event that my child displays symptoms of asthma and their inhaler is **not available or not usable** - I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

YES**NO**

In agreeing to the above, you understand that should your child need to use the emergency inhaler for any reason, that this will then become their inhaler and will require replacing by parents/carers.

Signed:

Dated:

FOR SCHOOL OFFICE USE ONLY: ASTHMA CARE PLAN

Inhaler Provided:

YES**NO**

Spacer Provided:

YES**NO**

Expiry Date of Inhaler

DD/MM/YYYY

Parents/carers must provide an inhaler (and spacer, if required) before their child starts school. They must also ensure to provide new inhalers as they reach the expiry date.

ETHNIC & RELIGIOUS DETAILS

Ethnic Origin - Please study the lists below and tick **one box only** to indicate ethnic background of the pupil or child named above.

WHITE

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>

MIXED

White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>

ASIAN OR ASIAN BRITISH

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>

BLACK OR BLACK BRITISH

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>

OTHER

Any other ethnic background
Please specify:

Languages spoken at home:

Mother tongue/first language: (The language your child was first exposed to at home)

English as an additional language? Please circle **YES** **NO**

RELIGIOUS AFFILIATION

Please select from the options below

Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>		

NATIONAL IDENTITY

Please select from the options below

Welsh	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	British	<input type="checkbox"/>
English	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>
Any	<input type="checkbox"/>				

Child's Country of Birth:

Child's Nationality:

MODE OF TRANSPORT

How will your child be travelling to school? Please only select one, the most used mode of transport

Car/Van	<input type="checkbox"/>	Walking	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Car Share	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	Public Transport (i.e. Bus)	<input type="checkbox"/>

SERVICE CHILDREN

Is either parent a member of the Armed Forces? If so, please give details including Personnel Category.

Welfare

Please circle or highlight any of the following if they apply to this child

Looked after Child	<input type="checkbox"/>	Special Guardianship	<input type="checkbox"/>
Adopted	<input type="checkbox"/>	Residency Order	<input type="checkbox"/>

If you have circled any of the options above, please provide more information here:

PREVIOUS NURSERY/SCHOOL DETAILS

Nursery/Playgroup/School Attended:	<input type="text"/>		
Address and Postcode:	<input type="text"/>		
ATTENDED FROM (DATE)	DD/MM/YYYY	ATTENDED TO (DATE)	DD/MM/YYYY

PARENTAL CONSENTS		
Does the school have your parental consent for the following:		
1. Does your child have parental consent for the school to take a photograph of your child to use on the school website/learning platform?	YES	NO
2. Does your child have parental consent for the school to take videos of your child to use on the school website/learning platform?	YES	NO
3. Does your child have parental consent for the school to take videos or photographs of your child to use on the school Facebook page?	YES	NO
4. Does your child have parental consent for their photograph to appear in the local media (e.g. local newspaper)?	YES	NO
5. Does your child have access to the internet at home (Learning Platform)	YES	NO
6. Does your child have parental consent to partake in any local school visits? (Letters regarding all organised school visits/trips will be sent out when required along with additional parental consent and contact information forms)	YES	NO
7. Does your child have parental consent for the school to share your child's information with on-line resources we use in school? Please tick boxes below <input type="checkbox"/> On-line data tracking system used for assessment <input type="checkbox"/> Education City <input type="checkbox"/> Purple Mash <input type="checkbox"/> PE Passport <input type="checkbox"/> Class Dojo <input type="checkbox"/> Bug Club (KS1)		

I agree to notify the School in writing of any significant information changes, particularly my child's home address and/or contact numbers. I declare that all the information that I have provided is true at the time of this forms submission.

DATA PROTECTION ACT

Your privacy is important to us, and we want to communicate with our Staff, Governors, Parents and our Children in a way which has their consent, and which is in line with UK law on data protection. As a result of a change in UK law May 2018, we now need your consent to how we communicate with you.

By signing this form you are confirming that you are consenting to Norden Community Primary School holding and processing your personal data for the following purposes (please tick the boxes where you grant consent):-

I consent to Norden Community Primary School contacting me by post phone text or email.

- To keep me informed about news, events, activities and services at Norden Community Primary School
- To share my contact details with the DFE Local Authority so they can keep me informed about news, events, activities that will be occurring in the school and which are directly relevant to the role I am undertaking.

Parent/Carer Signature:			
Parent/Carer Print Name:		Date:	DD/MM/YYYY

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about any forthcoming events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm **or in an emergency**. You can find out more about how we use your data from our "Privacy Notice" which is available from our website.

You can withdraw or change your consent at any time by contacting the Administrator at school. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.



NEIGHBOURHOODS FACILITIES MANAGEMENT - CATERING PUPIL SPECIAL DIET REQUEST FORM

This request form must be completed by the parent or legal guardian of any child requiring any special medically prescribed diet lunch either as directed by the parent or legal guardian or Dietitian. The completed form must be submitted with the Allergen Diet Sheet attached. The Allergen Diet sheet must provide the exact dietary requirements, clearly identifying specific food items to be avoided. Then both parts should be given to the school Head or Bursar, who will forward to Facilities Management Kitchen Supervisor for action.

Facilities Management will only provide *special* diets on that production of a special .sheet from the child’s dietician or doctor. Any special dietary preparations e.g. gluten free and diabetic products must be supplied by the parent before lunchtime.

Facilities Management can provide for all dietary requirements.

School: Norden Community Primary School

Name of Pupil: _____

Date of Birth: _____

Class Teacher: _____

Emergency Contact: _____

Name and contact details
of Dietician/Doctor: _____

Please **specify ALL** allergies in the table below:

Please only select ‘Yes’ if your child suffers with that allergy.

Celery	Yes/No
Cereals containing gluten	Yes/No
Eggs	Yes/No
Fish	Yes/No
Lupin	Yes/No
Milk	Yes/No
Mustard	Yes/No
Nuts	Yes/No
Peanuts	Yes/No
Sesame Seeds	Yes/No
Soya	Yes/No
Sulphites	Yes/No
Crustaceans/Molluscs	Yes/No

Any other allergies or dietary requirements:

Please attach a photo of the pupil for reference.

Head Teacher Signature: _____

Bursar Signature: _____

Kitchen Supervisor Signature: _____

Amended layout of C1.1/AC.JS/Forms Catering 15.10.15

Home and School Agreement

We, at Norden Community Primary School, are committed to offering a high standard of education in a safe and happy environment, which will facilitate challenging learning opportunities.

Together we will:

- Work to create a positive, calm environment where children reach their full potential.

The Pupil will:	The Family will:	The School will:
<ul style="list-style-type: none"> • Respect all members in the Community • Do their best at all times • Come to school on time • Bring all the correct kit and equipment each day • Respect the school environment • Bring homework in on time 	<ul style="list-style-type: none"> • Ensure that their child comes to school regularly, on time and correctly equipped • Contact school by phone or letter to explain absences as soon as possible • Support their child's learning in school and at home • Support the school's aims and rules • Liaise over any concerns • Attend Parents' Evenings and support school activities 	<ul style="list-style-type: none"> • Ensure all children reach their full potential • Encourage children to do their best at all times • Provide a safe and happy environment • Consider and respect the children's views • Keep parents informed of their child's progress and developments/activities within school • Inform parents of concerns regarding their child's wellbeing
<p>Child's signature</p> <p>_____</p> <p>(Print Name)</p> <p>_____</p>	<p>Parent's signature</p> <p>_____</p> <p>(Print Name)</p> <p>_____</p>	<p>Head teacher's signature</p> <p>_____</p> <p>(Print Name)</p> <p><u>Mrs R Bentham</u></p>

Headteacher: Mrs R Bentham

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