



**APPLICATION FORM FOR A PLACE IN AN EARLY LEARNING AND  
CHILDCARE CENTRE OR REGISTERED PARTNERSHIP PROVIDER**

**Session 2017/2018**

Clackmannanshire Council is a Data Controller under the Data Protection Act 1988. We hold information for the purposes of a typical Scottish unitary authority and these include many items of personal data, some of them sensitive. As an aid to ensuring data accuracy, we may share some of the information you provide with other Council Services for their purposes eg. address and contact details. The Council may get information about you from others and may disclose information about you in relation to its obligations including the need to prevent fraud and to protect public funds.

**Register Class**  
(Office use only)

**Please return to your  
1st choice nursery**

**PLEASE COMPLETE IN BLOCK CAPITALS**

It is compulsory that all questions are completed

<b>Forenames</b>	Please underline the name by which the pupil is usually known.		
<b>Surname</b>			
<b>Date of Birth</b>	<input type="text"/>	Please give figures: eg. 14 8 10	<b>Sex (M/F)</b> <input type="text"/>
<b>Pupils home address</b>	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
<b>Postcode</b>	<input type="text"/>		
<b>Home Tel No/Mobile No</b>	<input type="text"/>		
<b>Parents/Carers living at pupil's home address</b> (See * overleaf)			
<b>Relationship to Pupil</b>	eg. Mother	eg. Father	
<b>Title</b>	<input type="text"/>	<input type="text"/>	
<b>Forenames</b>	<input type="text"/>		<input type="text"/>
<b>Surname</b>	<input type="text"/>		<input type="text"/>
Can be contacted in an emergency during the day	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)	
If yes, give whereabouts (eg. at home or name of workplace)	<input type="text"/>		
<b>Daytime Tel No</b>	<input type="text"/>		
<b>Email Address</b>	<input type="text"/>		
<b>Occupation</b>	<input type="text"/>		
<b>Main Contact</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)	
Letters will be addressed to the main contact ticked above using the pupil's address. If this is not appropriate, please write the alternative here.	<input type="text"/>		
<b>Other emergency contacts</b> (excluding parents/carers) Give names, daytime telephone numbers & relationship to pupil (eg. neighbour, aunt, grandparent or friend)	<input type="text"/>		
<b>Names of brothers and sisters already at school</b>	Please name school		
<b>Names and ages of any brothers and sisters</b>	<input type="text"/>		
<b>Previous Schools/Nurseries/ Family Centre attended with date attended</b>	<input type="text"/>		

### Additional Parental Contacts (other than at home address)

For the purposes of the school records, a pupil's parent is defined as his/her natural parent and any other person who is his/ her carer, who has custody of, or who is likely to maintain, him/her.

Please add below anyone who comes into this category but who is not included overleaf.

<b>Relationship to Pupil</b> (eg. Mother, Father, or Grandparent)				
<b>Title</b>				
<b>Forenames</b>				
<b>Surname</b>				
Can be contacted in an emergency during the day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Please tick)		(Please tick)	
If yes, give whereabouts (eg. at home or name of workplace)				
<b>Occupation</b>				
<b>Daytime Tel No.</b>				
<b>Address</b>				
	Postcode		Postcode	
<b>Home Tel No</b>				

### Medical Details/Disability

<b>Doctor's Practice</b>	<b>Tel. No:</b>
<b>Address</b>	
<b>Health Visitor</b> (share information with NHS Forth Valley)	<b>Tel. No:</b>
<b>Dentist</b>	<b>Tel. No:</b>

If your child has any condition or problem for which he/she might require additional support or extra understanding, it is very important that we know about this so we can take proper account of his/her needs. We take full account of the need to ensure confidentiality and will ensure that information is passed to the staff working directly with your child only with your written permission. **Please provide details of any special circumstances or additional support needs which relate to your application eg Referral by Health Visitor, GP, Speech and Language Therapist, Occupational Therapist, Social Worker, Child Psychologist, hospital etc.**

Please contact the Headteacher, Manager of your first choice.

Please detail - Please attach paper if more space required.

Does your child have a disability? Yes  No

If yes, has your child's disability been diagnosed or assessed by a professional? Yes  No

Please detail

### Medical Details/Disability Continued

**Allergies** (Please Tick)

Yes

No

Elastoplast

Nut

Paracetamol

Penicillin

Other (Please State)

Can Clackmannanshire Council Early Years and Out of School Care contact your Health Visitor to discuss you child's needs?

Yes

No

### National Identity

Please tick **one only** of the following categories which you feel best describes your National Identity. For example a child resident in Scotland of Bangladeshi parents might want to be considered Scottish, regardless of their ethnic background.

Scottish

English

Northern Irish

Welsh

British

Asylum Seeker

If you are an Asylum seeker or a Refugee then tick one of the these boxes

Refugee

Other

If none of the above is suitable then tick this box

Not disclosed

Tick this box if you are not prepared to provide this information.

### Main Mother Tongue

Please tick the **one** box which best describes your child's main home language.

English

Gaelic

French

German

Italian

Spanish

Greek

Norwegian

Turkish

Arabic

Hakka

Bengali

Gujerati

Hindi

Punjabi

Urdu

Cantonese

Polish

Russian

Hungarian

Other

### Ethnic Background

Please tick **one only** of the following categories which you feel best describes your ethnic background. For example a child born in Scotland of Bangladeshi parents should be entered as Asian Bangladeshi.

UK White

If you are white then tick the box in this group that best describes your background.

White Other

Black African

Black Caribbean

If you are black then tick the box in this group that best describes your background.

Black Other

Asian Indian

Asian Pakistani

Asian Bangladeshi

If you are Asian in origin then tick the box in this group that describes your background.

Asian Chinese

Asian Other

Mixed

If you are of mixed race then tick this box.

Occupational Traveller

Gypsy Traveller

If you are a traveller then tick the box in this group that best describes your background.

Other Traveller

Other

If none of the above is suitable then tick this box.

Not Disclosed

Tick this box if you are not prepared to provide this information.

### Religious Affiliation

Please tick the **one** box which best describes your child's religion (if applicable)

Christian (please specify)

Other Religion (please specify)

None

Buddhist

Hindu

Jewish

Muslim

Sikh

### Internet, Photographs and Videos

Please indicate whether you give permission for your child to use the internet following Local Authority guidelines.

Yes

No

(Please tick)

Please indicate whether you give permission for your child to be photographed, such photographs

\* will be displayed within the school/nursery/centre.

Yes

No

(Please tick)

\* will be used for Local Authority display or appear in the press.

Yes

No

(Please tick)

Please indicate whether you give permission for your child to be videoed, such videos

\* only being shown within this school/nursery/centre for parental viewing.

Yes

No

(Please tick)

\* being used for wider showing by the Local Authority.

Yes

No

(Please tick)

### Nursery/Partner Provider

Please list in order

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

For administrative purposes please provide initial indication of which primary school your child is likely to enrol in. Please note this does not commit you to a particular school at this time.

Primary School

I declare the information on this form to be correct to the best of my knowledge and belief. This application is full and correct in every respect. I undertake to supply any additional information which may be required by Early Years Services to verify the particulars given and also to inform the Headteacher/Manager immediately of any alteration to these particulars.

**I understand that the giving of false information or withholding of relevant information may lead to the loss of a nursery place for my child. I also confirm that only one Clackmannanshire Council application form has been submitted for my child.**

**Note: Clackmannanshire Council will require to see evidence of child's permanent residence at the time of enrolment and to see child's birth certificate.**

Signed \_\_\_\_\_ (Parent/Carer)      Date \_\_\_\_\_

**For office use only**

**Roll No**

**Admission Date**

**Catchment area (checked)**

**Yes / No**

**Session Reasons**