



Federation of Shevington Primary Schools

Shevington Vale Primary School

Nursery and Pre-School Admission Pack

PRE-SCHOOL APPLICATION & EMERGENCY CONTACT FORM

Please complete all sections in block capitals and in ink.

FULL NAME OF STUDENT D O B.
HOME ADDRESS (please state more than one address if the child is in shared custody)
.....
Unique password: (used for collection purposes):
POSTCODE HOME TEL NO
MALE/ FEMALE/ OTHER (Please circle) ETHNICITY
RELIGION LANGUAGE SPOKEN AT HOME

Person's with legal responsibility – PLEASE LIST IN ORDER OF WHOM YOU WOULD LIKE TO BE CONTACTED FIRST IN CASE OF AN EMERGENCY:

*Person 1 will be listed on the parentmail system as the main contact – if parents are separated please tick next to each name so that both parents will be added:

Name of person 1:.....	Name of person 2:.....
Relationship:.....	Relationship:.....
Title (Mr/Miss etc)	Title (Mr/Miss etc).....
NI Number	NI Number
D.O.B.	D.O.B.
Address	Address

Home Tel No.	Home Tel No.
Mobile No.	Mobile No.
Work Tel. No	Work Tel No
Place of Work	Place of Work
Occupation	Occupation
Email	Email

Please list any other contact names/addresses/relationships/tel. no. in case of emergency.

NAME	RELATIONSHIP	DAYTIME TEL.NO.
3)		
4)		
5)		

PLEASE NOTE ANYONE WHO IS LEGALLY UNABLE TO COLLECT YOUR CHILD:

PLEASE NOTE ANY OTHER PERSON/ GUARDIAN THAT LIVES AT ANY OF THE NAMED 'HOME ADDRESS' THAT LOOKS AFTER YOUR CHILD ON A REGULAR BASIS OR MAY BE KNOWN AS A 'STEP' PARENT:

PLEASE STATE A UNIQUE PASSWORD THAT CAN BE USED FOR THE SETTING TO CONFIRM A CHILD BEING COLLECTED (FOR PERSON'S UNKNOWN TO THE SETTING)

PLEASE SIGN THIS FORM OVERLEAF TO GIVE PERMISSION FOR EMERGENCY TREATMENT OR ADVICE TO BE GIVEN TO YOUR CHILD

NAME OF DOCTOR PRACTICE NAME
 NHS NUMBER PRACTICE TEL.NO.

Your Child's Birth:

Was your child born prematurely? Yes/ No (if yes please state by how many weeks)

Does your child have a visible birth mark? Yes/ No (please state appearance and position on body)

Does your child have any birth injuries? Yes / No (if yes please give details)

Did your child have any hearing difficulties at birth? Yes / No

Did your child have any operations at birth or shortly after? Yes/ No

Does your child have any on-going illness/ disability? Yes / No

Does your child have any regular check-ups regarding an early childhood disability or illness (hearing/ eye/ heart conditions etc).

*we may need to ask further details regarding the above responses.

Does your child have any medical conditions/allergies (including food allergies/ asthma etc) of which you wish us to be aware of? Yes/No (If YES please give details including possible signs and symptoms – an additional health care plan may be required).

Is your child up to date with all immunisations? Yes / No (if no please state which immunisations they have not received)

Does your child have any specific dietary requirements? (i.e. vegetarian/ vegan etc).....

Is your child currently in the care of the local authority? Yes/ No

Has your child previously been in the care of the local authority? Yes / No

If you answered 'yes' please provide details of the local authority involved in care and the named social worker.....

*we may need to ask you further details regarding this at a later date.

Does your child have a statement of special educational needs or is there an Educational, Health & care plan (EHCP) in place? Yes/ no

Does your child have additional needs that may require additional support?

Please list any previous nursery settings or childminders attended in the past 2 years.....

I give/ do not give permission for the provider to contact my child's previous setting..... (please sign)

***Policies can be viewed on our website or requested at the school office.**

Please sign to give consent:

Understanding of the child protection and safeguarding policy – confirming the settings position to contact social services as appropriate.

Uncollected or lost child policy – understanding the settings policies and procedures.

Sick or injured child policy – understanding the settings policies and procedures.

Consent to local walks and trips

Consent to photographs (for use in the setting only)

Consent to photographs to be used on tracking or learning journeys (may be shared with other families)

Consent to data sharing (with the local authority).

Consent to the use of the internet (under school policies and

procedures).	
consent to the use of plasters / eye solution/ antiseptic wipes / burn care dressings (please circle any you wish us NOT to use)	
Consent to the use of baby wipes	
Consent to toothbrushing	
Consent to the use of staff updating Seesaw about your child (learning journey update system).	
Consent to be included in group observations (which may sometimes include photographs).	
Consent to the completion of the wellcomm and ASQ assessment.	
Consent for Pre-Schol to check eligibility for pupil premium funding	
Permission for Pre-School to share my child's details with 'cool milk' (free milk service).	

I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND AM AWARE OF THE SETTINGS CURRENT POLICIES AND PROCEDURES AND ADHERE TO ABIDE BY THEM AT ALL TIMES. (PLEASE DELETE AS NECESSARY)

I *give / *do not give permission for emergency services to be called or emergency resuscitation to be given should a qualified First Aider and Headteacher (or his/her deputy) so advise.

SIGNATURE Print..... (PARENT/ GUARDIAN) DATE

***Regardless of special needs or disability above criteria apply**

NB: The acceptance of this form by the Manager of Pre -School, duly completed does not constitute a promise of admission but your application will be carefully considered and the claims of your child weighed against the claims of other children. If any of the above information changes please notify us immediately.

Parents / Guardians should note that there is no guarantee that a child who has a place in Pre-School will automatically secure a place at Shevington Vale Primary School. Equally, there is no obligation for a child to attend Shevington Vale Primary School.

UNIQUE 30HRS ELIGIBILITY NUMBER

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Please note that following options for sessions are available from January 2025:

1. 5 mornings / 5 afternoons
2. 5 full days (9.00-3.00pm)
3. 2.5 days (Monday, Tuesday full day and Wednesday morning / Wednesday afternoon, Thursday and Friday full day).

SESSIONS REQUIRED (Please complete as appropriate)

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
AM 9.00am – 12.00pm						
PM 12.00pm – 3.00pm						
ALL DAY						

Start date:

September	January	April	
			Birth Certificate Seen by Date: D.O.B..... Childs full name..... Listed parents' full names 1..... 2..... 2yr check seen Yes/ No, recorded concerns.....

What Next?

Please complete all the sections of the application pack and return it to Pre-school at Shevington Vale:

Shevington Vale Primary School
 Runshaw Avenue
 Appley Bridge
 Wigan
 WN6 9JP

preschool@shevingtonvale.wigan.sch.uk

Please also bring to the setting your child's original birth certificate (indicating the child's birth parents' full names) and a copy of their 2-and-a-half-year check (if this has already been completed) so that a member of staff can check over them for safeguarding reasons.

Thank you for your interest, should you require any more information please call us on: 07547395210 or email on: preschool@shevingtonvale.wigan.sch.uk

A member of the team will be in touch soon!

Other things you need to know:

The project, Wigan Encompass, has been designed to provide early reporting to schools/ nurseries of any domestic abuse incidents that occur outside of the school/ nursery which may impact on a child attending the school/nursery the following day. This information will be shared on school days/ weekdays during the school term. When incidents occur on a Friday, Saturday or a Sunday, the police will contact the relevant school/ nursery the following Monday. Nominated staff will support children as necessary following any report.

There have been public cases in the past where schools/ nursery has not chased up the reasons as to why children are not in attendance. It has then transpired that there have been tragic circumstances around these absences, e.g. illness/ death of a parent and a child unable to seek help. We will do everything we can to prevent such situations occurring as we are sure you would agree that your child's safety is paramount to us all. If your child is not going to be at the setting on their allocated day/ session please call or email the pre-school to report their absence. Please do this before 9:00am on the first day of absence. If we have not heard from you by 9:30am or 1:00pm for the afternoon children, then we will start to call all the contact numbers that you have provided in order to gain an explanation for the absence. If we still have not been able to ascertain where your child is a home visit may be necessary. However, if we still have not been able to get a response then we will report it to the Police / Social Services as your child will then be classed as a 'missing child'.

You should receive 'invites' to connect with both ParentMail and Seesaw. Both applications are available across all smart phones and online. PLEASE ENSURE THAT YOU DOWNLOAD THE APP AND SELECT NOTIFICATIONS 'ON'.

ParentMail is an online communication system that will allow us to share letters, memos and invoices. Therefore, this will replace the majority of our current text and paper letter communications.

Seesaw is an online learning journey system that will allow us to share updates about observations, development and progression as well as next steps for your child's learnin.

Should you wish to contact us about concerns or queries please do so on the contact details provided.

Thank you