**Nursery Application Form**

Our Nursery Class runs every morning, Monday to Friday, from 8.45am to 11.45am (15 hours funding).

The following sessions are available as optional extras (see Nursery Agreement).

If you are entitled to 30 hours funding this includes the morning sessions, lunches and 4 afternoon sessions. Please select any that you would like your child to attend:

|  |  |  |
| --- | --- | --- |
|  | **Lunch \***  **(11.45am-12.20pm)** | **Afternoon**  **(12.20pm – 3.20pm)** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

\* Parents/carers must provide a packed lunch for their child in accordance with the schools’ packed lunch policy.

**Personal Details of Pupil**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Surname |  | | | | |
| First name |  | | | | |
| Middle name(s) |  | | | | |
| Preferred first name |  | | | | |
| Date of birth |  | | | | Male Female |
| **Home details** | | | | | |
| Address  House number and street name |  | | | | |
| Town |  | | Postcode |  | |
|  |  | |  |  | |
| Name of **PLAYGROUP/NURSERY** attended if relevant: | | | | | |
| Playgroup/Nursery/Previous school name and address | |  | | | |

**Emergency Contact Information**

Please enter contact details **in the order you wish them to be contacted** in the event of an emergency;

**Contact 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr | Mrs | Ms | Miss | Other (please specify) | | |  |
| Full Name |  | | | | | | | |
| Address if different from pupil address |  | | | | | | | |
| ***Contact 1 telephone numbers***: Tick priority contact number | | | | | | Tick priority contact number | | |
| Home |  | | | | |  | Relationship to child | |
| Mobile |  | | | | |  |  | |
| Work |  | | | | |  |
| Email |  | | | | | | | |
| Additional information  (if any) |  | | | | | | | |

**Contact 2**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr | Mrs | Ms | Miss | Other (please specify) | | |  |
| Full Name |  | | | | | | | |
| Address if different from pupil address |  | | | | | | | |
| ***Contact 2 telephone numbers:*** Tick priority contact number | | | | | | Tick priority contact number | | |
| Home |  | | | | |  | Relationship to child | |
| Mobile |  | | | | |  |  | |
| Work |  | | | | |  |
| Email |  | | | | | | | |
| Additional information  (if any) |  | | | | | | | |

**Contact 3** (***optional***)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr | Mrs | Ms | Miss | Other (please specify) | | |  |
| Full Name |  | | | | | | | |
| Address if different from pupil address |  | | | | | | | |
| ***Contact 3 telephone numbers:*** | | | | | | Tick priority contact number | | |
| Home |  | | | | |  | Relationship to child | |
| Mobile |  | | | | |  |  | |
| Work |  | | | | |  |
| Email |  | | | | | | | |
| Additional information |  | | | | | | | |

**Does your child have any Special Educational Needs?**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Yes | EHCP | Under any other services, e.g. Edwin Lobo, Speech and Language, etc. |
| If yes, **please give details below** and continue on a separate page if necessary:  NB Staff to inform SENDCO if yes is ticked so a meeting can be held regarding the child’s needs. | | | |

**Are you eligible for 30 Hours Funding and/or Tax Free Childcare?**

(If you are unsure, please check at [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk))

|  |  |
| --- | --- |
| **Eligibility Code:** |  |
| **National Insurance Number:** |  |
| **Tax Free Childcare Reference:** |  |

**Additional information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Religion**  (If Catholic, please provide evidence in the form of a baptismal certificate). | |  | | | |
|  | | | | | |
| **Language** spoken at home | | English | | | Other |
| If other, what are those languages? | |  | | | |
| What language does your child speak? | |  | | | |
|  | | | | | |
| **Ethnic Group**  (Please tick one of the boxes below) | | | | **Court Orders** | |
| **White** | - British | |  | Are any court orders applicable to your child? Yes No | |
| - Irish | |  | If yes, please give further details below | |
| - Traveller of Irish Heritage | |  |  | |
| - Gypsy/Roma | |  |
| - Italian | |  |
| - White other | |  |
| **Mixed** | - White and Black Caribbean | |  |
| - White and Black African | |  |
| - White and Asian | |  |
| - Any other Mixed background | |  |
| **Asian or Asian British** | - Indian | |  |
| - Pakistani | |  |
| - Bangladeshi | |  |
| - Any other Asian background | |  |
| **Black or Black British** | - Caribbean | |  |
| - African | |  |
|
| **Chinese** | | |  |
| **Any other ethnic background** | | |  |
| **Prefer not to say** | | |  |

**Does your child have any relatives currently at St. Mary’s or St. Vincent’s?**

|  |  |  |
| --- | --- | --- |
| No | Yes | Relationship (e.g. brother, cousin, etc.):  Year group (if known): |

**Medical Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Practice name |  | | | | |
| Practice address | | | | Telephone number | |
|  | |
| Does your child have any HEALTH problems? | | | Yes | | No |
| If Yes, please give details (eg: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant: | | | | | |
| Any other information relating to your child’s health that you feel the school should be aware of: | | | | | |
| **Dietary Needs**  (if any) | |  | | | |
| Dental Practice address and telephone number: | | | | | |

I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity.

Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide evidence to support your application.   
We will take a copy of these documents.**

* **Birth certificate**
* **Passport**
* **Proof of address (e.g. Utility Bill/Tenancy Agreement)**
* **Baptismal certificate**
* **Visa/residence permit**

**Data Protection Act 1998**

Please note that personal details supplied on this form will be held and/or computerised by St Mary’s Catholic Primary School for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfES (Department for Education and Skills), the QCA (Qualifications and Curriculum Authority) and the Connexions Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are outlined in the letter accompanying this form.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.



**Nursery Agreement**

Our Nursery class runs every morning, from 8.45am to 11.45am, Monday to Friday, during term time. Nursery children are expected to attend every day, in preparation for transitioning to full time education when they reach Reception age. These sessions are funded by the government and are free to all 3/4 year olds.

In addition to this core provision, we also offer Lunch and Afternoon sessions as an optional extra, to enable a full time, rich nursery experience.

**Intake**

Children may attend our nursery from the September following their third birthday, and stay until they start Reception the following year. (Reception applications must be made through your local Authority no later than the mid-January deadline - please check the Council website for exact dates.)

**Lunch**

Parents/carers must provide a packed lunch in accordance with the school’s Packed Lunch Policy. Nursery children will eat together in the Nursery classroom.

**Funding and Tax Free Childcare**

30 Hours Funding and Tax Free Childcare is available to working parents and can be used to help cover the cost of the optional extra sessions. For more information about these schemes, and to apply, visit [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) . Please provide the school with your Eligibility Code, National Insurance number and TFC Reference if you will be using these schemes.

**Invoicing and Payments**

Optional extra sessions are charged at:

Lunch - £3

Lunch & Afternoon - £18

Fees will be invoiced half-termly and will offer the option to pay either by weekly instalments (monthly if paying with TFC), or in one lump sum. Payments must be made by the dates specified on the invoice.

Invoices will be sent through ParentMail and payments should be made through the ParentMail app.

**Outstanding Fees**

If you have difficulty paying fees, please inform the office immediately. After 7 days of non‑payment, you will receive a formal reminder that fees are outstanding. Should fees continue to be unpaid, we may reconsider your child’s place and will regrettably be forced to commence legal proceedings.

**Notice**

For budget planning and staffing, any requests to increase, decrease or change sessions must be applied for via the relevant form (please ask at the office). One month’s notice is required of your child reducing their sessions. Fees will remain payable until the end of the notice period.

**Refunds**

No refund is made for sickness or absence from the Nursery.

**Closure**

In the event of the Nursery being forced to cancel sessions, the Nursery will endeavour to give as much notice as is reasonably possible. The Nursery reserves the right to offer replacement sessions in lieu of refunds.

13.01.25