**APPLICATION FOR NURSERY ADMISSION**

The information you supply on this form will be treated as confidential to the Governors and the School. Paper copies of this form are available upon request from the school office.

|  |
| --- |
| **Child Information** |
| **Surname of Child:** | **Gender**: |
| Click here to enter text. | Click here to enter text. |
| **First Names**: | **Date of Birth**: |
| Click here to enter text. | Click here to enter text. |
| **Child’s Home Address:** |
| Click here to enter text. |
| **Post Code**: Click here to enter text. |

|  |
| --- |
| **Parent/Carer Information****(**p*lease give details of persons who have parental responsibility)* |
| **Relationship**: | **Relationship**: |
| Click here to enter text. | Click here to enter text. |
| **Surname** : | **Surname:** |
| Click here to enter text. | Click here to enter text. |
| **First Names:** | **First Names**: |
| Click here to enter text. | Click here to enter text. |
| **Address**: | **Address**: |
| Click here to enter text.**Post Code**:Click here to enter text. | Click here to enter text.**Post Code**:Click here to enter text. |
| **Telephone at Home:** | **Telephone at Home:** |
| Click here to enter text. | Click here to enter text. |
| **Mobile Telephone**: | **Mobile Telephone:** |
| Click here to enter text. | Click here to enter text. |
| **E-mail address:** | **E-mail address**: |
| Click here to enter text. | Click here to enter text. |

**Places**

|  |  |
| --- | --- |
| Are you applying for a place for a Looked After Child or previously Looked After Children (children in the care of a Local Authority)?(Please complete section 1) | Yes[ ] No [ ]  |
| Are you applying for a place as a sibling?(Please complete section 2) | Yes[ ] No [ ]  |
| Is your child baptised? | Yes[ ] No [ ]  |

**Section 1: Looked After Children** (please tick as appropriate)

|  |  |  |
| --- | --- | --- |
| Is the child a Looked After Child? |  | Yes[ ] No [ ]  |
| Do you live at the same address as the child? |  | Yes[ ] No [ ]  |

**Section 2: Siblings**

**Children who have a sibling in the school who will be attending the school at the time of the proposed admission or who have attended the school in the 2 academic years prior to admission**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | Click here to enter text. |  | **Date of Birth** Click here to enter text. |
| **Child’s Name** | Click here to enter text. |  | **Date of Birth** Click here to enter text. |
| **Child’s Name** | Click here to enter text. |  | **Date of Birth** Click here to enter text. |

**Declaration of the Applicant**

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to provide false information may result in the withdrawal of a Nursery place.

|  |  |
| --- | --- |
| **Signed:** | **Date:** Click here to enter text. |
| **Name:** Click here to enter text. | **Relationship to Child:** Click here to enter text. |

**NURSERY ADMISSION 2024 - SESSION REQUEST FORM**

|  |  |
| --- | --- |
| **Name of Child** | **Date of Birth** |
| Click here to enter text. | Click here to enter text. |

1. **Term of Admission**

Children are eligible for admission to Nursery in the school term following their 3rd birthday *subject to availability*. Please indicate your preferred choice of admission date.

|  |  |
| --- | --- |
| **Please indicate your choice for Term of Admission** | **Please select**  |
| **Autumn Term 2024 – September 2024** | [ ]  |
| **Spring Term 2025 – January 2025** | [ ]  |
| **Summer Term 2025 – April 2025** | [ ]  |

1. **Choice of Funded and Additional Chargeable Sessions**

St Mary’s CE Primary School offers 3 and 4 year old children the universal entitlement of 15 hours or, if eligible, 30 hours, weekly free childcare for 38 weeks per year during term time.

The 15 hours universal entitlement must be used in its entirety in St Mary’s CE Primary EYFS class, Davyhulme.

The additional 15 hours entitlement can be used in our EYFS class, or for Midday cover. You may also choose to use the additional 15 hours in whole or part at another provider. Parents will be required to sign a parent/school contract stating when and where children are accessing their 15 or 30 hours free entitlement.

1. **Chargeable Costs**

The following rates will be charged for sessions taken which are not covered by 15hr or 30hr free entitlement funding.

|  |  |  |
| --- | --- | --- |
| **Session Times** | **No of hours**  | **Chargeable cost****(subject to review)** |
| **Nursery Morning**8.45 am to 11.45 am | **3** | £15.00 per session |
| **Nursery Afternoon**12.25 pm. to 3.25 pm | **3** | £15.00 per session |
| **Midday cover**11.45am – 12.25pm(only available for Full Days) | **0.6** | £2.50 per session |

**4. Your choices**

Please complete the following table to indicate your preferred option. We will try to accommodate every request but please provide further details of requirements in the comments box.

**Please note a full day is 6 hrs 40 minutes including 40 minute lunchbreak**

|  |
| --- |
| **Nursery Provision Pattern Options - 2024** |
| **1. Please choose ONE of the following patterns coloured in Green** | **Total****No. hrs per wk** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **No. Hrs** |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |  |
| **Mornings only****8.45am – 11.45am** | **15** | [ ]  |  | [ ]  |  | [ ]  |  | [ ]  |  | [ ]  |  |  |
| **Afternoons only****12.25pm – 3.15pm** | **15** |  | [ ]  |  | [ ]  |  | [ ]  |  | [ ]  |  | [ ]  |  |
| **Full Time 8.45am – 3.25pm****Lunch cover each day** | **32.6** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **2. Please tick required additional sessions below** | **Hrs per session** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |  |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |  |
| **Additional Nursery Sessions** | **3****hrs** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Additional Lunch cover only available for full days** | **0.6****hrs** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Total Hours**  |  |

**5. Entitlement** (please see ‘Childcare Choices’ <https://www.childcarechoices.gov.uk/> for information)

Please indicate how many hours you will be claiming:

 15 hours per week because I do not meet the criteria for 30 hours [ ]

**OR**

 30 hours per week because I meet the criteria [ ]

**6. External Providers** – please indicate if your child will be attending any other providers

|  |  |
| --- | --- |
| **Provider** | **No Days/Hours** |
| Click here to enter text. | Click here to enter text. |

**7.** **Comments** – please use the space below to provide further information regarding your provision request.

|  |
| --- |
| **Comments** |
| Click here to enter text. |

**Name** Click here to enter text. **Dated** Click here to enter text.

**Signed** Click here to enter text.