



# HOLY CROSS CATHOLIC PRIMARY SCHOOL

## NURSERY APPLICATION FORM

### Child's Details

Child's Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_ Male: ☐ Female: ☐

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

### Parent/Carer Details

Mr / Mrs / Ms / Other \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work No: \_\_\_\_\_ Email: \_\_\_\_\_

## **Government Funded Hours**

(To check if you qualify for 30 hours funding visit: <http://childcare-support.tax.service.gov.uk/>)

Please indicate whether you require 15 or 30 hours per week.	15 hours <input type="checkbox"/> 30 hours <input type="checkbox"/>
Have you applied for the 30 hours free Government funding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered 'yes' to the above question and are eligible please provide the 30 hour code.	Code: _____
If you are eligible for 30 hours please indicate whether you would require a school meal or plan to send your child in with a healthy packed lunch. School meals are provided at a cost of £2.20 per day. This will require payment in advance of £11.00 per week.	School Meal <input type="checkbox"/> Packed Lunch <input type="checkbox"/>
If you require 15 hours per week, please indicate whether you would prefer a morning or afternoon place.	Morning (9.00am–12.00pm) <input type="checkbox"/> Afternoon (12.00–3.00pm) <input type="checkbox"/>

<b>Does your child have any Special Educational Needs?</b>	
Speech, Language and Communication	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical (including hearing/visual impairment)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social and Emotional	Yes <input type="checkbox"/> No <input type="checkbox"/>
Autistic Spectrum Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you have answered 'yes' to any of the above please give details below:</b>	
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**Details of current Nursery (*if applicable*):**

**Name:** \_\_\_\_\_

**30 Hours:** ☐      **15 Hours:** ☐

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Please indicate below whether your intention is to apply for a Reception place for your child at Holy Cross Catholic Primary School.**

**Yes:** ☐      **No:** ☐

**You should note however that successfully securing a place in Holy Cross Nursery for your child does not automatically guarantee them a place in our Reception class. You must apply through Thurrock Council Admissions at <https://www.thurrock.gov.uk/school-admissions> and submit a supplementary form to us at the appropriate time.**

**I confirm that I wish to apply for a Holy Cross Nursery place and I attach a copy of my child's birth certificate and proof of address.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_