



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"/>

Does your child have any Special Educational Needs?	
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"/>
If you have answered 'yes' to any of the above please give details below:	

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: _____