St Cuthbert with St Matthias CE Primary School

Nursery School Application Form for Academic Year September 2021

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM

| CHILD'S DETAILS | | | | | | | |
|---|---|---|-----------------|--|--|--|--|
| Child's Surname (Family na | me) | | | | | | |
| Forename/s | | | | | | | |
| Date of Birth dd/mm/yy | | Male or Female | Please circle | | | | |
| Home address including po | stcode | | | | | | |
| Previous or current nursery Early Years provision | or | | | | | | |
| PARENT/CARER DETAILS | | | | | | | |
| Forename and Surname of parent/carer Please circle | 1 st Contact Mr/Mrs/Ms Parent or Carer? | 2 nd Contact Mr/Mrs/Ms Pa | arent or Carer? | | | | |
| Do you have Parental Responsibility? | Yes or No Please circle | Yes or No PI | Please circle | | | | |
| Mobile number | | | | | | | |
| Email address – please write clearly | | | | | | | |
| Names and Date of Birth brothers/sisters currently attending the school | Name | | Date of birth | | | | |
| | | | | | | | |
| LOOKED AFTER BY LOCAL AUTHORITY, PREVIOUSLY LOOKED AFTER NOW ADOPTED, UNDER A CHILD | | | | | | | |
| ARRANGEMENT ORDER OR SPECIAL GUARDIANSHIP ORDER (see note 1) Please circle | | | | | | | |
| Is your child in the care of a Local Authority? | | Yes or N | 0 | | | | |
| Previously looked after by a local authority and now adopted? | | Yes or N | 0 | | | | |
| Under child arrangement order? | | Yes or N | 0 | | | | |
| Under special guardianship order? | | Yes or N | 0 | | | | |
| Please state which local aut | chority the child is/was in the care of. | | | | | | |

| SPECIAL EDUCATIONAL NEEDS (SEN) or EDUCATION HEALTH AND CARE PLAN (EHCP) AND OTHER EXCEPTIONAL NEEDS | | | | | | | |
|---|-----------|----------|---------|------------------------|------------------|--|--|
| (See note 2) | Pleas | e circle | | | | | |
| Does your child have a Statement of Special Needs of have an Education, Health and Care Plan (EHCP)? | Yes | or | No | | | | |
| Has a request for a Statutory Assessment of SEN been agreed? If yes, please provide the name of your SEN keyworker | Yes | or | No | Name of Keyworker: | | | |
| Does your child have a disability or special need that may require special attention or support but does not have a Statement of SEN or EHCP in place? (e.g. speech delay, mobility restrictions, a diagnosed condition that requires 1 to 1 support) | Yes | or | No | If yes, please provide | e brief details: | | |
| | | | | | | | |
| NURSERY PROVISION APPLIED FO |)R (see | note 3) | | | | | |
| I wish to apply for a 30 hour funded place time place (9am – 3.15pm). | | | | | Please tick | | |
| If you think you are eligible please apply via the website www.childcarechoices.gov.uk I understand that if I the school offers me a place I will need to provide the school with the code before the beginning of the term. I understand that if the school offers me a place I will need to reapply for a code and provide it to the school every 3 months. | | | | | | | |
| If you already have a code, please pro | ovido in | formatio | n holow | | | | |
| 30 hour code | ovide iii | | | | | | |
| NI Number Parent 1 | | | | | | | |
| NI Number Parent 2 (if applicable) _ | | | | | | | |
| Parent Name must be recorded on p | | | | | | | |
| I wish to apply for a full time place (9am – 3.15pm) with a top up fee of £1235 per term (This fee covers the academic year 2021/2022, it may rise for the following academic year) | | | | | Please tick | | |
| I wish to apply for a morning only place (9am – 12 noon) | | | | | Please tick | | |

| NURSERY EXTENDED DAY PROVISION APPLIED FOR (see note 4) | | | | | | |
|---|-------------------------------|-------------|--|--|--|--|
| | | | | | | |
| I wish to apply for Nursery Breakfast | Club place (7.30am – 8.45pm). | Please tick | | | | |
| At a cost of £2.50 per day | | | | | | |
| | | | | | | |
| (This cost covers the academic year 2021/2022, it may rise for the following academic year) | | | | | | |
| I wish to apply for Nursery After Scho | Please tick | | | | | |
| For full time places ONLY | , , , , | | | | | |
| at a cost of £8.00 (3.15pm – 4.15pm) or £12.50 (3.15pm – 6.00pm) | | | | | | |
| | | | | | | |
| (This cost covers the academic year 2021/2022, it may rise for the following academic year) | | | | | | |
| | | | | | | |
| | | | | | | |
| DECLARATION AND SIGNATURE OF | PARENT/CARER | | | | | |
| | | | | | | |
| I certify that I am the person with parental responsibility for the child I am applying for and the information given is true to the best of my knowledge and belief. | | | | | | |
| | | | | | | |
| I understand that any false or deliberately misleading information either given or withheld on this | | | | | | |
| form, may render this application invalid or lead to the offer of a place being withdrawn. | | | | | | |
| | | | | | | |
| Parent's/carer's signature: | Date: | | | | | |
| , | | | | | | |
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| Print name: Relationship to the child: | | | | | | |
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Notes:

Note 1 - A 'Looked After' child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).

Note 2: - You will need to indicate **Yes** or **No** in the section. In order for the school to adequately meet the needs of the children that are offered a place, any support that may be required is planned for in advance of admission.

Note 3: - You are advised to read the Nursery school policy that sets out how places are considered before completing this form.

Note 4: - Breakfast Club cost includes a healthy breakfast and supervision, After School Provision cost includes a healthy lite bite, supervision and activities