



Application form for Nursery

This application form does not guarantee your child a place in our nursery. School will contact you when the application closing date has passed, to confirm your child's place.

I am applying for a place for my child in: (please circle)	September 2024	January 2025	April 2025
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Section 1: Child's Details

Surname:	First name:
Middle name(s):	Gender:
Date of birth:	Name of Health Visitor:
Address:	

Brother(s) / Sister(s) currently at St Thomas's CE Primary

Name:	Year:
Name:	Year:
Name:	Year:

Does your child currently attend a nursery setting?	Yes No	If yes, please provide details:
My child has a Statement of Special Educational Needs (SEND) and/or an Education, Health and Care Plan (EHCP)	Yes No	If yes, please provide details:
My child has Special Education Needs but does not have an Education, Health Care Plan	Yes No	If yes, please provide details:
Has your child ever been, or is currently, under the care of a Local Authority (Looked After)?	Yes No	If yes, please provide details:

Section 2: Parent(s) / Carer(s) Details

Parent / Carer 1	Parent / Carer 2
Surname:	Surname:
First name:	First name:
Title:	Title:
Relationship to Child:	Relationship to Child:
Contact number:	Contact number:
National Insurance Number:	National Insurance Number:
Address (if different to child):	Address (if different to child):
Email address:	
<p><i>Please be advised, you may be contacted via email regarding place confirmation. It is therefore essential to provide us with an email address and inform us if this changes. Please contact the school office if this is a problem.</i></p>	

Please confirm the sessions your child will require each week. Please tick as appropriate:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning session 8.45am - 11.45am					
Lunch club 11.45am - 12.15pm					
Afternoon session 12.15pm – 3.15pm					

Please confirm any breakfast club or after school club sessions you require:

	Monday	Tuesday	Wednesday	Thursday	Friday
Larks 8 am - 8.45am					
Owls session 2 3.15pm – 4.30pm					
Owls session 2 3.15pm – 5.50pm					

I would like my child to attend the sessions as requested above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

The following documents must be seen and photocopied by the office (or scanned and emailed):

- Your child's birth certificate
- Valid passport

Staff only:

Seen by (staff member):
Date:

Parental Declaration:

- I confirm that I have parental responsibility for this child and the information given is correct.
- I understand that if I have given false information, any place offered may be withdrawn.
- I agree to checks being carried out to verify accuracy and eligibility (in relation to 30 hours)
- I understand that I cannot change providers during term time without express permission of the providers and the Local Authority. Contractual notice periods specified by the provider will be complied with, unless exceptional circumstances can be demonstrated.
- I understand that I need to notify the nursery of any change in my circumstances which occur after I have completed this form (including change of address)

Full name of Parent / Carer: .....

Signed: .....

Date: .....

Please return this form to school, enclosed in an envelope, addressed to:

Victoria Bryson (Nursery Class Teacher)

Alternatively, forms and any supporting documentation can be emailed to:  
victoria.bryson@stthomas.cumbria.sch.uk