Broughton-in-Amounderness Church of England Primary School

Love learning, life, one another and God

APPLICATION FOR A PLACE IN A NURSERY CLASS

1. SCHOOL / SETTING REQUIRED

I am applying for a place in nursery for my child from:

September 2027 ☐ January 2028 ☐ April 2028 ☐

NURSERY Nursery Sessions Required: (Please tick as appropriate)

	MON	TUES	WED	THUR	FRI
MORNINGS 8.30 – 11.20					
LUNCHTIMES 11.20 – 13.00					
AFTERNOONS 13.00 – 15.20					

My child is entitled to 15 funded hours ☐ My child is entitled to 30 funded hours ☐

To find out if your child is entitled to 30 funded hours, please go to www.childcarechoices.gov.uk and register by following the links to HMRC Revenue and Customs.

I require …….. (funded hours). I require ……(paid for hours). Additional hour £5.00

STAY & PLAY

Wraparound care hours required: (Please tick as appropriate)

	MON	TUES	WED	THUR	FRI
BREAKFAST 7.30 – 8.30					
AFTER SCHOOL CARE 3.30 – 5.30					

After school care will be provided by the Stay & Play Club. Each hour will cost £5.00. Funded hours can be used towards Stay & Play.

I require …….. (funded hours). I require ……(paid for hours). Additional hour £5.00

2. CHILD DETAILS

Surname: …… Forename(s): ……

Male ☐ Female ☐ Date of Birth: ……

Child's Address: ……..

…… Postcode: ……

Child's Home Language: ……..

Is / does the child?

• In public care (looked after)	Yes	☐	No	☐
• Known to Children's Integrated Services (Social Worker)	Yes	☐	No	☐
• Statemented for Special Educational Needs / EHC Plan	Yes	☐	No	☐
• Known to the Educational Psychology Service	Yes	☐	No	☐
• Have a disability	Yes	☐	No	☐
• Have an illness	Yes	☐	No	☐

If you tick yes in any box, please note sections 5 and 6 of this form.)

3. CHILD DETAILS

These are defined as brother, sisters, half brothers, half sisters, step brothers, step sisters, adopted and fostered children living with the same family at the same address (at the time of admission).

Surname: ……	Forename(s): ……	DoB	☐	☐
Surname: ……	Forename(s): ……	DoB	☐	☐
Surname: ……	Forename(s): ……	DoB	☐	☐

4. PARENTS / CARERS DETAILS

Mother's Surname: …… Forename(s): ……

Address *(if different from child's)*:…… ……
……..Postcode: ……. ……..

Contact Details: Email……..

Telephone No:…… Mobile: ……

Father's Surname: …… Forename(s): ……

Address *(if different from child's)*:……
……...Postcode: ……. ……

Contact Details: Email……..

Telephone No:…… Mobile: ……

5. MEDICAL, SOCIAL OR WELFARE CIRCUMSTANCES OF THE CHILD OR THE FAMILY (These will be treated in strict confidence) PLEASE CONTINUE ON A SEPARATE SHEET OR SUBMIT SUPPORTING EVIDENCE IF REQUIRED.

……
……
Are there persons/professionals who could support this application? (Please state any information which you think is relevant or attach a written statement if available).

Name	**Designation (eg doctor/health visitor**	**Address**	**Telephone No.**
……	……	……	……
……	……	……	……