23rd January 2024

**Application for a Nursery Place**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Surname: | | Child’s Forenames: | | | | | |
| Date of Birth: | | Male Female | | | | | |
| Address: | | | | | | | |
| Name of person/s with parental responsibility:  1.  2. | | | | | | | |
| Contact No1 Home/mobile telephone number:  Mobile:  Home:  Work:  Email address: | | | Contact No2 Home/mobile telephone number:  Mobile:  Home:  Work:  Email address: | | | | |
| Does your child have a brother or sister attending St Thomas’? If so, please provide their name: | | | | | | | |
| Is the child in Local Authority care? | | Yes No | | | | | |
| Ethnicity: | | Religion: | | | | | |
| First Language: | | Home Language: | | | | | |
| Country of Birth: | | Nationality: | | | | | |
| Does your child have any dietary needs or medical conditions? | | | | | | | |
| If your child attends any other Nursery/Childcare provision, please provide details: | | | | | | | |
| **SESSIONS REQUIRED (PLEASE TICK THE SESSIONS YOU WILL REQUIRE FOR YOUR CHILD)** | | | | | | | |
| **Day** |  | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | |
| Morning session | 8.30 – 11.30 | |  |  |  |  |  | |
| Lunch | 11.30 – 12.30 | |  |  |  |  |  | |
| Afternoon session | 12-30 – 3.30 | |  |  |  |  |  | |

|  |  |
| --- | --- |
| We would like a place for 30 hours:  Yes/No (delete as applicable) | We would like a place for 15 hours:  Yes/No (delete as applicable) |
| If applying for 30 hours please supply the code: | |

In the event of over subscription for nursery places, we will refer back to our admissions policy and use the criteria on our SIF form to rank applications accordingly. Please tick the box below to indicate which category your child falls into. Evidence will need to be provided. The admissions criteria are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **ALL APPLICANTS**  ***Please tick the relevant box*** | |  | **EVIDENCE REQUIRED \*\***  ***Please enclose evidence with this form*** |
| 1 | My child is a baptised Catholic |  | A copy of the baptism certificate |
| 2 | My child is enrolled in a recognised course of preparation leading to Catholic Baptism |  | A written statement from a Catholic priest verifying that the child is preparing for baptism  Ask the priest to sign and stamp the letter with the parish stamp |
| 3 | My child is baptised or dedicated in another Christian denomination which belongs to ‘Churches Together In England’ See policy for details |  | A copy of a baptism certificate or dedication certificate |
| 4 | Children of other faiths whose parents wish them to receive a Christian education |  | Supported by a letter from faith leader |
| 5. | Other children who do not fit a category above |  |  |

I/We realise that completion of this Application Form does not secure my child a place in the Nursery. I/We understand that there is no automatic right of transfer from the Nursery to Reception at St Thomas of Canterbury Catholic Primary School.

Signed ……………………………………………………………………….. Date …………………………………………….