



APPLICATION FOR A NURSERY PLACE

Child's name: _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Male or Female: _____

Mother's name: _____

Mother's Date of Birth _____

Mother's National Insurance Number: _____

Email: _____

Mobile No: _____

Father's name: _____

Father's Date of Birth _____

Father's National Insurance Number: _____

Email: _____

Mobile No: _____



Does a sibling already attend Hallam Primary? If yes please give the siblings name:

Child's name: _____ Date of Birth: _____

The options for the Nursery are:

Beginning of the week

Monday, Tuesday
8.30am – 2.30pm

Wednesday
8.30am - 11.40am

End of the week

Wednesday
11.30am – 2.30pm

Thursday, Friday
8.30am - 2.30pm

Monday – Friday 8.30am – 2.30pm

Please tick your preference:

☐

Beginning of the week

☐

End of the week

☐

No preference

☐

Monday – Friday

Will you be requiring wrap around care?

(Breakfast Club 7.30am – 8.30am and 3.30pm – 6.15pm)

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Signed: _____ Date: _____