**St. James Catholic Primary School**

**Nursery Application Form 2026-27**

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| **Child’s full name:**  |
| **Date of Birth:** | **Gender:** |
| **Home address:** | **Parent/Carer names:** |
| **Parent/ Carer telephone number:** |
| **Parent/Carer email address:** |
| **Health Visitor name:****Health Visitor contact number:**  |
| **Names of siblings at St James:** |
| **Medical Conditions:** |
| **Is your child ‘looked after’ or has been previously ‘looked after’ by the council? If yes, please state which Council.** |
| **Please indicate how many free hours you are entitled to:**15 hours 30 hoursFor further details please refer to <https://www.gov.uk/get-childcare>  |
| **What would your preferred hours be based on your entitlement:**30 hours Monday to Friday15 hours Mornings only |
| **Funded places are available the term after your child has turned 3 years old. Please indicate when your child would be taking up the Nursery Place.**September 2026 January 2027 April 2027**Please note, proof of address and your child’s birth certificate must be seen prior to a place being offered. (i.e. utility bill clearly showing above address as home address).****I understand that if I am offered a Nursery place for my child this does not automatically****entitle my child to a school place at St. James Catholic Primary School.** |
| **Name of Parent/Carer completing the form:** |
| **Signature:** |
| **Date:** |
| **Relationship to child:** |

**Office use only:**

**Application form received date:**