**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 hours  For 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 Friday  15 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:**