

St Patrick's Catholic Primary School

Stanley Street, Consett, Co. Durham, DH8 6LN

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Head Teacher: Mrs. Jennifer Gill



NURSERY APPLICATION FORM

Please complete all sections of the form by hand or electronically, and return to St Patrick's Nursery.

YOUR CHILD'S INFORMATION	
NAME:	D.O.B:
GENDER:	CONTACT NUMBER:
IS ENGLISH YOUR CHILD'S FIRST LANGUAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF NO, WHAT IS YOUR CHILD'S FIRST LANGUAGE?	
HOME ADDRESS:	
POSTCODE:	
NAME AND D.O.B. OF SIBLINGS:	
CHILD'S RELIGION: PLACE AND DATE OF BAPTISM: IS A COPY OF BAPTISM CERTIFICATE ATTACHED TO THIS APPLICATION?: YES <input type="checkbox"/> NO <input type="checkbox"/>	
DOES YOUR CHILD CURRENTLY ATTEND ANOTHER CHILDCARE SETTING? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE PROVIDE MORE INFORMATION. NAME: ADDRESS: CONTACT NUMBER:	
DOCTOR'S NAME AND CONTACT NUMBER:	
MEDICAL CONDITION(S): (E.G. ALLERGIES, ASTHMA, ETC.)	
SPECIAL EDUCATIONAL NEEDS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE PROVIDE MORE INFORMATION.	



St Patrick's
Catholic Primary School



Bishop Wilkinson
Catholic Education Trust



YOUR INFORMATION	
1 ST CONTACT	2 ND CONTACT
NAME:	NAME:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
OCCUPATION:	OCCUPATION:
RELIGION:	RELIGION:
DAYTIME CONTACT NUMBER:	DAYTIME CONTACT NUMBER:
CONTACT EMAIL ADDRESS:	CONTACT EMAIL ADDRESS:
PARENTAL RESPONSIBILITY: YES <input type="checkbox"/> NO <input type="checkbox"/>	PARENTAL RESPONSIBILITY: YES <input type="checkbox"/> NO <input type="checkbox"/>
SESSION PREFERENCE – PLEASE TICK	
15-HOUR SESSION OVER 2.5 DAYS (Monday, Tuesday, Wednesday morning) <input type="checkbox"/> (Wednesday afternoon, Thursday, Friday)	
15 HOUR SESSION AM <input type="checkbox"/>	
30-HOUR* FULL DAY SESSION <input type="checkbox"/>	
*PLEASE NOTE THAT TO ACCEPT A 30-HOUR SESSION, YOU MUST HAVE AN ELIGIBILITY CODE. WE WILL ASK FOR THIS CODE PRIOR TO YOUR CHILD STARTING THEIR 30-HOUR SESSIONS. YOU CAN FIND OUT MORE ABOUT 30-HOUR FUNDING ON THE GOVERNMENT WEBSITE (https://www.gov.uk/30-hours-free-childcare).	
SIGNATURE	
<p><i>I CONFIRM THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I HAVE GIVEN FALSE INFORMATION, THE SCHOOL MAY WITHDRAW THE OFFERED NURSERY PLACE.</i></p> <p>YOUR FULL NAME:</p> <p>SIGNATURE:</p> <p>DATE:</p>	

