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| **Crossflatts Primary School**    **Nursery Application Form** | | | | | |
| **Child’s Details** | | | | | |
| First Name: | | | Surname: | | |
| DOB: | | | Gender: | | |
| Address: | | | | | |
| Is the child looked after by the Local Authority? | | | Y/N | | If so please attach details/evidence |
| Does the child have a statement of special needs? | | | Y/N | | If so please attach details/evidence |
| Does the child have a sibling already attending the nursery or school? | | | Y/N | | If yes, please list siblings names and DOB’s |
| **Parent/ Guardian’s Details** | | | | | |
| Name of Parent: | | | | | |
| Relationship to child: | | | | | |
| Home Telephone Number: | | | | Mobile: | |
|  | | | | | |
| **Preferred Sessions (please tick)** | | | | | |
| AM | PM | Full Time | | | |
| Part time session are the 15 hours Government funded sessions that are offered to all 3 year olds. | | Full time sessions are offered to families who are eligible for the 30 hour Government funding. For more information about this or to apply please use the Gov.com website and search for 30 Hours free childcare | | | |
| All sessions require attendance over a five day period Mon-Fri for example Am sessions would be 3 hours per day, every day. Full time sessions would be 6 hours per day, every day. | | | | | |
|  | | | | | |
| **Signature of Parent/Guardian:** | | | | **Date:** | |
|  | | | | | |
| **Once you have completed this form please return to:**  **Crossflatts Primary School**  **Morton Lane**  **Crossflatts**  **Bingley**  **BD16 2EP** | | | | | |
| The information on this form will be used only for the purpose of allocating Nursery places. The data will be processed in compliance with the Data Protection Act. | | | | | |
| Please note: The offer of a place at our Nursery class will NOT guarantee the child a place in our school Reception. Reception allocations are handled by Bradford council’s Admissions Team. | | | | | |