



HOLY TRINITY CHURCH OF ENGLAND VA PRIMARY SCHOOL

SCHOOL NURSERY EXPRESSION OF INTEREST FORM

ACADEMIC YEAR 2023/2024

Please note that this form is an expression of interest only.

SECTION 1: CHILD'S DETAILS

Child's Name			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>

SECTION 2: PARENT/GUARDIAN DETAILS

Parent/Guardian Name			
Relationship to the child			
Address			
	Postcode:		
Contact telephone number	Home:		
	Mobile:		
Email			

SECTION 3: SESSION PREFERENCE

Type of Place (please tick one): 2 year old 3/4 year old

Preferred Start Date Year: _____

Preferred Term in which to Start: Autumn Term (Sep-Dec) Spring Term (Jan-Mar) Summer Term (Apr - Jul)

Specific Start Date, please state: _____

Please indicate your required pattern of attendance below:

Please note the following criteria when selecting your preferred sessions;

Minimum Sessions

- i. Fee Paying (all age groups)- must attend a minimum of 9 hours per week (3 sessions)
- ii. Funded 3 and 4 year olds - must attend a minimum of 15 hours per week (5 sessions)
- iii. Funded 2 year olds- must attend a minimum of 9 hours per week (3 sessions)

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00am-12.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.00pm-3.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>For office use only:</i>					

SECTION 4: LOOKED AFTER CHILDREN

Is this application for a child currently in the care of a Local Authority? Yes No

SECTION 5: SPECIAL EDUCATIONAL NEEDS

Does your child have a Statement of Special Education Needs? Yes No

If yes, please provide details _____

Does your child have Special Educational Needs but does NOT have a Statement? Yes No

If yes, please provide details _____

Language(s) spoken at home: _____

SECTION 6: DECLARATION & SIGNATURE

I understand that my child will be added to the waiting list but that completing this form does not guarantee my child a place at the nursery. I understand that I will be given a minimum of one months' notice of a place becoming available, and will be required to pay any additional fees in advance of my child's funding becoming available at the hourly rate at the time of signing up.

Signed: (Parent/Guardian): _____ Date: _____

In the term after your child turns 3 years old they are entitled to up to 5 sessions per week totalling 15 hours, which are government funded.

We also accept 30 hours Extended Funding and Two-Year-Old Funding – applications to receive this funding must be applied for online by the child's legal guardian.

		<u>Born between</u>
The funding periods are:	Autumn	01 September – 31 December
	Spring	01 January – 31 March
	Summer	01 April – 31 August

Our hourly fee for 2023/2024 is charged at £5.46 / 2 year olds & £4.70 / 3&4 year olds

For office use only:

Date received back: _____ Total weekly hours: _____

Added to database: _____ Total Universal hours: _____

Notification email sent: _____ Total Extended hours: _____

