



Holy Trinity CE (VA) Primary School

Early Years Nursery Application Form

Child Forename		Child Surname	
Date of Birth		Gender	
Siblings in School		Toilet trained	Yes / No
Address		Please indicate if your child has been or is due to be seen by any of these services.	Adoption / Fostering
			Community Paediatrician
			Early Help Hub
			Pre-5 Service
			Social Worker
			Speech and Language
Parent Name		Telephone Number	
Email address		Relationship	
Church Commitment	Yes / No	Entitlement	Universal / Extended
Payment type (if applicable)	Parent Pay	Childcare Voucher	Tax Free Scheme

Preferred attendance

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 08:50-11:50					
PM 12:30-3:30					
ALL DAY 08:50-3:30 *					
All DAY 08:50-2:50 **					

*This is our normal school day and may incur an additional charge ** This is an earlier finish to accommodate 30 hours only

Please ensure that you have read and understood the Early Years Universal and Extended Entitlement Agreement.

If you are offered a place in our EY Nursery Unit, this does not guarantee a place in main school Reception.

Parent Signature..... Date.....

Office Use Only			
Birth Certificate seen Y / N	SIF Y / N	Date	Initials