

**St Martin’s C of E Primary and Nursery School**

Younghayes Road, Cranbrook, EX5 7DT

*Tel: 01404 515409 Email: admin@stmartinscranbrook.devon.sch.uk*

**Application Form for a Nursery Place**

Please return your completed form together with a copy of your child’s Birth Certificate. Thank you.

**Details about your child**

|  |  |
| --- | --- |
| Surname: |  |
| Forenames: |  |
| Date of birth: |  | Please circle: | Male / Female |

**Parent or guardian details**

|  |  |
| --- | --- |
| Surname: |  |
| Forenames: |  |
| Address:Postcode: |  |
| Telephone: |  |
| Email address: |  |

**When would you like your child to start in the nursery?**

|  |  |  |
| --- | --- | --- |
| Autumn 2024 | Spring 2025 | Summer 2025 |

**Please indicate the times you would like your child to attend**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8.30 –9.00Story time |  |  |  |  |  |
| 9.00-12.00 |  |  |  |  |  |
| 12.00-3.00 |  |  |  |  |  |

Please note: Lunch will be eaten at 12.30. Please bring a packed lunch for the afternoon session or alternatively you can purchase a School Lunch for £2.00.

Please use this box to let us know of any siblings together with any other comments you may have including if your child is in care/adopted or you think there may be another reason for your child to be given a higher level of priority to enter our nursery.

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|  |

I am intending to claim for 15/30 hours of government funding (please delete as appropriate).

Please note that it is your responsibility to provide this code. If we do not receive it, then you will be charged for any additional hours taken.

|  |  |
| --- | --- |
| 30 Hour validation code: |  |
| National Insurance Number: |  |

I confirm that the details provided are accurate.

|  |  |
| --- | --- |
| Applicant’s Signature  | Date |