



## APPLICATION FOR A NURSERY PLACE

### ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please complete this form and hand to school office, along with your child's birth certificate/passport for us to take a copy.

Child's Name:..... Date of Birth:.....

Address: .....

Postcode: .....

Contact telephone number .....

Name of doctor: .....

Health Visitor: .....

Language(s) spoken at home: .....

Does your child have any Special Needs? **Yes** **No**

If yes, please indicate: **Medical** **Learning** **Behavioural**

Does your child have any current Nursery provision? **Yes** **No**

If yes, please give the name/telephone number of the nursery that they are attending:

Current Nursery \_\_\_\_\_ Phone Number \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Carer Date \_\_\_\_\_





### Nursery Hours.

We offer 15 hours free Nursery provision weekly. You can choose 2.5 days per week or every day, either morning or afternoon sessions.

Please select the hours you would prefer and we will try to accommodate your choices.

#### **Session A Monday – Wednesday.**

Monday and Tuesday all day, 8:45am to 3:30pm and Wednesday morning only 8.45 – 11.45am

#### **Session B Wednesday – Friday**

Wednesday afternoon only 12:30pm – 3:30 pm, Thursday and Friday all day 8:45 3:30pm

#### **Session C Mornings – Monday through to Friday 8.45 am – 11.45 am**

#### **Session D Afternoons – Monday through to Friday 12.30 pm – 3.30 pm.**

Yours faithfully,

Mrs Emma Massey  
Early Years Phase Leader

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### MINERVA PRIMARY ACADEMY

#### Nursery Provision

My choice for nursery provision (in order of preference) at Minerva Primary Academy is:

1<sup>st</sup> Choice, Session \_\_\_\_\_

2<sup>nd</sup> Choice, Session \_\_\_\_\_

3<sup>rd</sup> Choice, Session \_\_\_\_\_

Child's name .....

Signed: ..... (Parent/Carer)

Principal: Peter Hallam

