

The Downs Primary School and Nursery Nursery Application Form

Please note that children are not admitted to the nursery class before the age of three.

Child's details			
Surname		First Name	
Date of birth		Gender	
Address including postcode			
Parent/Carer contact details -	First contact		
Surname		First name	
Address			
Relationship to child		Contact telephone	
Parent/Carer contact details			
Surname		First name	
Address		l	
Relationship to child		Contact telephone	
Siblings details (brothers and	sisters)		
Name	Date of birth		School attending
All children must attend for either to those eligible to extended hou apply if you are, please go to we Please indicate your preferred	urs. To check if yo ww.childcarechoic	ou are eligible fo	30 hour places are only available r 30 hours free childcare and to
Mornings (15 hours)	Afternoo	ons (15 hours)	Full Day (30 hours)
Every effort will be made to acco	_		
offered the session you would p	refer. Place offers	<u>s are depend</u> ent	on place availability





The Downs Primary School and Nursery

Please return to;	The Downs Primary School and Nursery The Hides, Harlow, Essex, CM 20 3RB Telephone - 01279 445538 Email – admin@downs.esse	x.sch.uk
Print Name	Date	
Signed	Paren	nt/Guardian
Please note that c	hildren are not admitted to the nursery class before the a	ge of three.
	that this is an application for a place for my child in the nurser ll be for a place in the nursery only and does not entitle my conditions.	
	that the offer of a place in the nursery class is on the basis th day to Friday during term time, for a minimum of two terms	at my child will
Please read and ti	ck the following:	
Does the child alrea If yes, please state	ady attend a Playgroup or Nursery the name of the playgroup or nursery attended	Yes / No
ls English the child's If no, please state y	s first language? our child's first language and any other language spoken.	
Do you have conce	rns regarding your child's development? letails	Yes / No
	ined?	 Yes / No
Does the child have If yes, please give o	e any special medical / dietary requirements? letails	Yes / No
(e.g. CDC, Hospital	ny specialist involvement , Speech Therapy) If yes please give details	

DC