



ST. JOHN'S C.E. SCHOOL

Crescent Road, Friern Barnet, London N11 3LB
Tel: 020 8368 1154 Email: office@stjohnsn11.barnetmail.net

NURSERY APPLICATION WITH SUPPLEMENTARY INFORMATION FORM

Information requested on this form is in line with Borough and Diocesan guidelines

Child's details

First name		Surname	
Date of birth		Male/Female	
Address			
Postcode			
Sibling at St John's?	YES/NO	If yes, sibling's name and class	
Does your child have an EHCP?	YES/NO	Is your child a Looked After Child*?	YES/NO
Any other relevant information?			

* A Looked After Child is a child who has been in care of their local authority for more than 24hrs

Parent / Carer details:

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Relationship to child		
Mobile number		
Email address		

Free and paid childcare hours:

Will you be accessing the 15 free hours per week available to all 3-4 year olds in England? <i>(one session is 3 hours per day Monday to Friday either in the morning or in the afternoon)</i>	YES/NO	If yes, AM or PM? AM: 8.50-11.50am PM: 12.20-3.20pm
Will you be accessing the 30 free hours per week as per government entitlement? (previously 30hr code) <i>(Please note that we charge £10.00 per day for lunchtime cover)</i>	YES/NO	
Will you be accessing additional sessions and pay for them? <i>(We are signed up to the government's Tax Free Childcare scheme which can be used to pay for lunchtime cover and/or extra sessions)</i>	YES/NO	If yes, number of sessions requested:

More information can be found at <https://www.gov.uk/childcare-parenting>

Start date:

Requested start date:	
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Supporting documentation:

Please ensure that you bring originals of the following documents with your application form:

Proof of child's ID:	Full birth certificate	OR	Passport
Tick as appropriate			

Proof of address for family (dated within the last 3 months):	Council Tax	OR	Utility Bill
Tick as appropriate			

Reference of Church Attendance

This part of the form must be filled in by your Parish Priest, Church Minister or Faith Leader

1. What is the name of the place of worship they normally attend?

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2. How long have they worshipped there?

3. Do they attend (please tick appropriately):

weekly () regularly () occasionally () seldom () never ()

Signed..... Dated.....

Full name Position held

Address.....

Telephone number Email address.....

NB: Regular worship means attendance at church services at least twice a month for a minimum of two years.

Admission to the school nursery will depend upon the number of applications received and places will be offered according to the Governors' Admission Criteria.

Please ensure that **ALL** sections of this form are fully and correctly completed before returning the application.

Signature:

Date:		Signature of one Parent/Carer:	
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FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

ACKNOWLEDGEMENT PROVIDED _____

SEEN & CHECKED:

Proof of date of birth

Proof of address