



Malden Parochial Church of England Primary School
Reflecting the Kingdom of God by Enriching and Transforming Lives
 Headteacher: Mrs Lucy McMullan

NURSERY ADMISSION FORM 2025

There are three pages to this form, please complete each section before returning to the school office.

CHILD'S DETAILS:

SURNAME:

FIRST NAME:

OTHER NAMES:

PREFERRED FORENAME:

GENDER: BOY GIRL

DATE OF BIRTH:

HOME ADDRESS:

POST CODE:

PREVIOUS SCHOOL/NURSERY/PLAYGROUP:

DATES ATTENDED:.....

COUNTRY OF BIRTH:.....DATE OF ARRIVAL:

PARENT / CARER(S) DETAILS:

(1) PARENT/CARER

(2) PARENT/CARER

TITLE:

TITLE:

FULL NAME:

FULL NAME:

RELATIONSHIP TO CHILD:

RELATIONSHIP TO CHILD:

DAYTIME TEL. NO:

DAYTIME TEL NO:

MOBILE:

MOBILE:

EMAIL:

EMAIL:

REQUESTED PROVISION:

PLEASE SELECT YOUR PREFERRED CHOICE OF SESSIONS. PLEASE NOTE THAT WE REQUIRE A MINIMUM OF 15 HOURS A WEEK OF CORE SESSIONS (WHICH IS EQUIVALENT TO FIVE MORNINGS OR TWO FULL DAYS AND ONE MORNING). SESSIONS IN EXCESS OF 15 HOURS (FOR NON-ELIGIBLE FAMILIES) OR 30 HOURS (FOR ELIGIBLE FAMILIES) WILL NEED TO BE SELF-FUNDED):

| Please tick as applicable: | Mornings only (8.30am – 11.30am) | Mornings + lunch club* (8.30am – 12.15pm) | Full day including lunch club * (8.30am – 3.15pm) |
|-----------------------------------|---|--|--|
| MONDAYS | | | |
| TUESDAYS | | | |
| WEDNESDAYS | | | |
| THURSDAYS | | | |
| FRIDAYS | | | |

*Note that lunch club is charged at a set daily rate, which includes the cost of 45 mins childcare plus a hot school meal. 15/30 hours funding cannot be used towards the lunch club.

PLEASE TICK IF YOU WOULD BE WILLING TO CONSIDER ALTERNATIVES TO YOUR PREFERRED SELECTIONS ABOVE IN THE EVENT THAT THESE CANNOT BE ACCOMODATED

IF APPLYING FOR MORE THAN THE 15 UNIVERSALLY FUNDED HOURS PLEASE PROVIDE YOUR ELIGIBILITY CODE OR TICK IF INTENDING TO SELF-FUND:

ELIGIBILITY CODE:

OR

I INTEND TO SELF-FUND THE ADDITIONAL HOURS

ADMISSIONS CRITERA

IS THE CHILD A LOOKED AFTER CHILD OR PREVIOUSLY LOOKED AFTER CHILD OR INTERNATIONALLY ADOPTED PREVIOUSLY LOOKED AFTER CHILD (SEE ADMISSIONS POLICY NOTE 1)?

YES NO

IF YES, PLEASE PROVIDE SUPPORTING EVIDENCE.

IS THERE ANY EXCEPTIONAL MEDICAL OR SOCIAL NEED WHICH MAKES THIS SCHOOL'S NURSERY THE MOST SUITABLE ONE FOR YOUR CHILD (SEE ADMISSIONS POLICY NOTE 2)? IF SO, PLEASE PROVIDE SUPPORTING EVIDENCE.

.....

IS EITHER PARENT / CARER A MEMBER OF THE SCHOOL'S TEACHING STAFF WHO HAS BEEN EMPLOYED AT THE SCHOOL FOR TWO OR MORE YEARS AT THE TIME OF APPLICATION AND WILL CONTINUE TO BE EMPLOYED AT THE SCHOOL AT THE POINT OF ADMISSION OR A MEMBER OF

STAFF WHO WAS RECRUITED TO FILL A VACANT POST FOR WHICH THERE IS A DEMONSTRABLE SKILL SHORTAGE (SEE ADMISSIONS POLICY NOTE 3)? IF SO PLEASE PROVIDE DETAILS.

.....

IF THE CHILD HAS SIBLINGS AT THE SCHOOL, PLEASE PROVIDE NAME OF SIBLINGS AND CURRENT YEAR GROUP (SEE ADMISSIONS POLICY NOTE 4):

.....

.....
PARENTS/CARERS SIGNATURE

DATE:

.....
(PLEASE PRINT NAME)