Queen's Hill Primary and Nursery School

We share a passion for learning

Nursery Application Form

Full name of child				
Date of birth	................./................./..............			
Gender	Male		Female	
Child's address including postcode				
Name of Parents/Carers (and address if different from child's)	1.		2.	
Contact Telephone Numbers	1.		2.	
Email Address	1.		2.	
Name of sibling at Queen's Hill Primary School (if applicable)				

Does your child have an EHCP (Education Health Care Plan)?					
Is your child in Local Authority Care or Adopted?					
Would you prefer morning or afternoon sessions?	Morning		Afternoon		

Please indicate the sessions you would prefer.		Monday	Tuesday	Wednesday	Thursday	Friday
	Morning Session (8:30am - 11:30 am)					
	Afternoon Session (12pm - 3pm)					