

Quarry Hill Academy



Bradleigh Campus
Bradleigh Avenue, Grays
RM17 5UT
Tel: 01375 373729
E-mail: admin.qha@catrust.org.uk

Headteacher - Mrs S Wakeling

Dell Campus
Dell Road, Grays
RM17 5JZ
Tel: 01375 373729
E-mail: admin.qha@catrust.org.uk

Quarry Hill Academy Nursery (Age 3-4) Application Form

Please complete in block capitals

| Please enter your child's details: | | | | |
|--|----|----|------|--|
| Surname/Family Name: | | | | Child's Name: |
| Date of Birth | DD | MM | YYYY | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Any Special Educational Needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify: | | | | Any Physical Ability needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify: |
| Has your child been seen by a paediatrician/any other professional for their health or development needs: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____ | | | | |
| Country of Birth/Nationality | | | | English as an additional language: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| First language spoken: | | | | Any other language spoken at home: |
| Any allergies/dietary needs: | | | | |

| Session Preferences: (Please tick) | | | |
|------------------------------------|----------------------------------|----------------------------------|--|
| Day | AM (8:30 - 11:30am) = 3 hours | PM (12:00 - 3:00pm) = 3 hours | All Day (8:30 - 3:00pm) = 6.5 hours |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

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| To be completed by the child's parent(s), legal guardian(s) or carer(s) | |
|---|---|
| Parent 1 Full Name: | Parent 2 Full Name: |
| Relationship to Child: | Relationship to Child: |
| Address: * | Address: * |
| Postcode: | Postcode: |
| Mobile No: | Mobile No: |
| Work Tel No: | Work Tel No: |
| Home Tel No: | Home Tel No: |
| Email Address: | Email Address: |
| National Insurance number (if you have a childcare code): | National Insurance number (if you have a childcare code): |
| Date you moved to this address: | Date you moved to this address: |

****The address above must be the address where the child normally lives and with the adult who has parental responsibility.***

A current proof of address, for example, a recent Electric, Gas, or Council Tax Bill, must be submitted with this application.

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| Siblings | | | |
|----------|-----|--------|------------------------|
| Name | DOB | Gender | Current school/Nursery |
| | | | |
| | | | |
| | | | |
| | | | |

IMPORTANT INFORMATION

Each 3-hour session costs £15. Each child who is between 3 and 4 years old is entitled to 15 hours free Government funding for child care a week, this takes affect the school term after they turn 3 years old. Please see the attached 30 hr eligibility criteria to see if you are entitled to 30 free hours' childcare and how to apply. This must be done before your child starts, and you must provide us with your **child care code** and your **national insurance number**.

If top-up sessions are required, these can be paid for in advance to the school, please note you will be invoiced for the full half term, **e.g. if a child stays an extra two sessions a week, this will be a cost of £30 a week times how many weeks there are in that term etc.** If your child stays all day, you will be required to supply your child with a packed lunch, but you will also be charged a lunchtime fee of £2.50 a day, which covers the extra half hour a day your child stays (also charged for the full half term). Nappies and wipes will also need to be provided from home if your child still requires them.

NB: Please inform the School Office promptly of any change of details

| | |
|---------------------|--|
| Parent/Carer's Name | |
| Signed | |
| Date | |

Headteacher - Mrs S Wakeling

For Office use only

[illegible]