



St Helen Auckland Primary School
Manor Road
St Helen Auckland
Co Durham
DL14 9EN
Tel: 01388 604168
Email: sthenauckland@durhamlearning.net

NURSERY APPLICATION FORM

Child's Name:

Address:
.....
.....

Postcode:

Date of Birth:

Name of Parent/Carer:

Parent/Carer Date of Birth:

National Insurance No:

Telephone No:

Email Address:

Each session is £15. If your child is staying for a full day then they will need a packed lunch

When would you like your child to attend:

	Am 8.50-11.50	pm 12.00-3.00
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

If your child has a Statement of Special Educational Needs or will require additional Support in Nursery, please inform us as soon as possible.

Signed:

Date of Application: