**Hallsville Primary Expression of Interest Nursery Application Form**

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Childs Full Name: Date of Birth:

Known as: Gender:

Address:

Postcode:

**/ /**

Your Name: Your Date of Birth:

National Insurance Number: Relationship to Child:

Contact Details:

Home Number:

Mobile Number:

Work Number:

Email Address:

Name: Class:

Name: Class:

Siblings in

Hallsville:

Please name and describe any needs the child has:

Medical

Information:

First Language:

Home Language:

Does the child also speak and understand English: Yes/No

Language:

2 Year old ( ) 3 Year old ( ) 4 Year old ( )

AM: ( ) 8.45-11.45am PM: ( ) 12.30pm-3.30pm

All Day ( ) (Working Parents only)

Preferred Nursery Session:

Website to check eligibility for 2-year olds and full time 3-year olds: [**https://www.gov.uk/get-tax-free-childcare**](https://www.gov.uk/get-tax-free-childcare)

