



**NURSERY APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD DETAILS** | | | | | | | | | | | | | | |
| Legal Surname |  | | | | | Legal Forename | | |  | | | | | |
| Preferred Forename |  | | | DOB | | | |  | | Gender | |  | | |
| Child’s Home Address  Postcode | | | | | | | | Sibling Link in School (If applicable)  Name of sibling(s) / Year Group | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | |
| Does the child have any dietary requirements? (Allergies and/or due to religious requirements) Please list.  It is very important that you list any medical conditions that the child has (asthma, heart problems, kidney problems etc). This will help us to arrange appropriate care where necessary.  Is there any further information that you would like us to know? | | | | | | | | | | | | | | |
| **PARENT/CARER DETAILS** | | | | | | | | | | | | | | |
| Surname | |  | | | Forename | | | |  | | | |
| Contact Number | |  | | | Relationship to Child | | | |  | | | | |
| OFFICE USE ONLY | | | | | | | | | | | | | |
| Received by | |  | | | | | Date | |  | | | | |
| Processed by | |  | | | | | Date | |  | | | | |
| Year Group | |  | Registration Group | | | |  | | Admission Date | |  | | |