NURSERY
ADMISSION FORM

OFFICE USE ONLY
BIRTH CERTIFICATE SEEN ☐

Child's Surname: _____ **D.O.B**. _____/_____/_____ Male / Female

Child's Forename: _____ **Middle Name(s)** _____

FAMILY INFORMATION

Child's Address (Please tick) ☐

Mother's Name (Miss/Mrs/Ms)_____ D.O.B _____

Address _____ NI Number: _____

_____ Post Code _____

Tel No: _____ Mobile No: _____

Occupation: _____ Work Tel: No. _____

Signature:

Child's Address (Please tick) ☐

Father's Name _____ D.O.B _____

Address _____ NI Number: _____

_____ Post Code _____

Tel No: _____ Mobile No: _____

Occupation: _____ Work Tel: No. _____

Signature:

Any other natural parent with parental responsibility.

Name: Address:

Brother/Sisters Details (eldest first)	**Date of Birth**

MEDICAL DETAILS	
Name of Doctor's Surgery	
Does your child suffer from Asthma?	Yes / No
Does your child suffer from any allergies? (please give details)	Yes / No

Details of any other medical concerns/conditions we should know about:

Ethnic Origin (Please tick) ☐ White British ☐ Bangladeshi ☐ Black African ☐ Black Caribbean ☐ Chinese ☐ Pakistani ☐ White/Asian ☐ White/Black A ☐ White/Black C ☐ Other	
Home Language	Religion

Does your child have any special dietary needs (ie Blessed meat, etc.)

Do you wish your child to drink MILK or WATER (please cross out which not wanted)

Does your child have Speech Therapy? **YES/NO** or ever been referred to a Speech Therapist? **YES/NO**

IT IS IMPORTANT THAT YOU LET SCHOOL RECEPTION KNOW IF THERE IS A CHANGE TO ANY OF THE ABOVE INFORMATION. THANK YOU.

- **PLEASE COMPLETE THIS FORM AND BRING IT BACK TO THE SCHOOL RECEPTION WITH YOUR CHILDS BIRTH CERTIFICATE**
- **WE WILL CONTACT YOU THE TERM BEFORE YOUR CHILD IS DUE TO START NURSERY**