

WHITLEY CHAPEL CE FIRST SCHOOL
NURSERY ADMISSION INFORMATION

Child's Full Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Home Telephone No: _____ Email _____

Parental Contacts

Mother's full Name: : _____ Occupation _____

Place of work: _____ Telephone Nos: _____

Father's Full Name: _____ Occupation _____

Place of work: _____ Telephone Nos _____

Address (if different from above) _____

_____ Post Code _____

How would you like correspondence addressed: _____

Ethnicity _____ First Language _____

Nationality: _____ Religion: _____

Name and Address of Doctor: _____

Child's Health (Any problems we need to know about)

Present arrangements for supervision of child during the day:

Give reasons for wanting child to attend Nursery:

Please give details of any attendance at a playgroup, mother and toddler group etc:

My child enjoys: _____

Favourite Story: _____

Favourite Toy: _____

My child can:

wash his/her hands go to the toilet himself/herself

put on his/her coat: talk to an adult

share toys with friends

I would like my child to take milk: Yes/No (Free until 5th birthday)

Emergency Contacts: (Please given one or more contacts if we are unable to contact you,)

Name: _____ Relationship: _____

Contact Phone Numbers: _____

Name and dates of birth of other children in the family: _____

Signature of Parent/Guardian _____

Date: _____