



Nursery Admission Form

Date:.....

Child's Details

Child's Name:.....

DOB:.....

Gender:

Ethnic Background:.....

Religion:.....

Address:.....

.....

Postcode:

Telephone No:.....

Email address.....

Parent/Carer Details

Name of Parent/Carer 1:

Parental responsibility? YES/NO

Mobile Number:

Occupation:.....

Work Address:.....

Work Telephone Number:.....

Name of Parent/Carer 2:.....

Parental responsibility? YES/NO

Mobile Number:

Occupation:.....

Work Address:

Work Telephone Number:.....

Please turn over.





Emergency Contact Information

Emergency contact number 1

Name:.....

Contact number:.....

Relationship to child.....

Emergency contact number 2

Name:.....

Contact number:.....

Relationship to child.....

Emergency contact number 3

Name:.....

Contact number:.....

Relationship to child.....

Medical Information

Doctor's Name:.....

Practice Address:.....

Practice Telephone No:.....

Health Visitor's Name:.....

Health Visitor Telephone No:.....

Does your child have any allergies?.....

Is your child receiving any medical treatment?.....

Is your child taking any medication?.....

Does your child have any issues with sight, hearing or speech?
.....

Does your child have any Special Educational Needs?
.....

Additional Information

Does your child have brothers or sisters already attending school.....

When is your child due to start Reception?.....

To which school will your child be transferring for Reception.....

Is there anything else we should be aware of?.....