



Nursery Registration Form

Child's full name		Date of Birth:	
Address:		Postcode	
Child's Religion:		Place of Baptism:	
Home Language (if not English)		Country of Birth:	
Nationality :			
Parent 1			
Full name		Address (if different to child)	
Contact number 1		Contact number 2	
Occupation	Work place address		Work number
Email:			
Parent 2			
Full name		Address (if different to child)	
Contact number 1		Contact number 2	
Occupation	Work place address		Work number
Email:			
Contact 3			
Full name	Contact Number	Relation to the child	



Nursery Information			
Preferred Session	Morning	Afternoon	
Entitled to 30hrs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	unsure <input type="checkbox"/>
Medical Information			
Medical Surgery		Telephone number:	
Address		Post code:	
Medical information (please state below)			
Special Educational Need Information (please tick appropriate boxes)			
Visual Impairment <input type="checkbox"/>	Speech and Language <input type="checkbox"/>	Paediatric consultant <input type="checkbox"/>	
Hearing Impairment <input type="checkbox"/>	Occupational therapy <input type="checkbox"/>	Other(Please specify) <input type="checkbox"/>	_____
Please give details regarding the information above:			

Harris Street, Darlington, Co. Durham, DL1 4NL
T: 01325 380754
E: admin@stteresasprimary.org.uk
W: www.stteresasprimary.org.uk



Head Teacher: Mrs Paula Strachan BA (Hons)
CEO: M Regan OBE, DL M.Ed., B.Ed (Hons), FCIEA, CEA
Deputy CEO: M Shorten M.Ed., BA (Hons)
Chair of Directors: J Wilson BA (Hons), PGCE, NPQH

School use only

Child's Name:		Date of Birth	
Date of application			
Date admitted into Nursery and allocated session			
Birth certificate copied			
Baptism certificate copied			
UPN			
Any other information:			

