

**NURSERY APPLICATION**

Childs Name			
Date of Birth			
Address			
Postcode			
1 <sup>st</sup> Parent/Carers name		Parental responsibility?	Yes No
2 <sup>nd</sup> Parent/Carers name		Parental responsibility?	Yes No
Telephone No.			
Medical or any other information you feel the school should have (i.e inhaler for asthma, allergies)			
Signed			
Date Registered			
<b>A PLACE ON THE WAITING LIST DOES NOT GUARANTEE ADMISSION TO THE NURSERY</b>			