

Registration for Admission to Nursery

To be completed by, or with the parent / person with parental responsibility

Name of Child		Known as (if different from legal name)	
Date of Birth		Girl / Boy	
Ethnicity		Religion	

Parental Responsibility

Name		Name	
Relationship to child		Relationship to child	
Address		Address	
Postcode		Postcode	
Telephone Home		Telephone Home	
Mobile		Mobile	
Email address		Email address	

Preferred nursery session	15 hours (Mon, Tues, Wed, Thurs, Fri mornings) <input type="checkbox"/> Full time (30 hours) <input type="checkbox"/>
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www.redroseprimaryschool.com

Registration for Admission to Nursery

The following information will be treated as strictly confidential. Please complete the form as fully as possible.

Has your child had any childcare other than you and/or close relatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details
Has your child any health problems you are aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details
Does your child have any special educational needs that you are aware of	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details
Has your child had any involvement with health, social care or any other support agencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details
Does your child have any brothers or sisters (if yes please provide names and age)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please give details

Please tell us anything else that you feel may help us plan for your child's admission to nursery (any medical issues, allergies, glasses etc)

Signature of parent / person with parental responsibility

Please return this form to redrose@durhamlearning.net

Office use only

Name of Staff		Date	
Evidence sighted	birth certificate <input type="checkbox"/>	Passport <input type="checkbox"/>	

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