



## NURSERY ADMISSIONS FORM

<b>Personal details:</b>	
<b>Surname:</b>	<b>Forename(s):</b>
<b>Address:</b>	<b>Date of Birth:</b>
<b>Postcode:</b>	<b>Start date:</b>
<b>Parents/Guardians:</b>	<b>Telephone number:</b>
<b>e-mail address:</b>	<b>Siblings in school? Yes / No If yes, name of sibling(s):</b>
<b>Ethnicity:</b>	<b>Religion:</b>
<b>First language:</b>	<b>Current Nursery/Playgroup:</b>
<b>Medical details: (please give details of any allergies or medical/special needs:</b>	

**Please return to Mrs Shepherd – Nursery Manager**