



Queenborough Nursery Application Form



Please attach a copy of your child's birth certificate to the application form. Unfortunately, without this document, your child will not be able to join the Nursery.

Child's Details

Child's Full Name:	
Child's DOB:	
Child's Gender (please circle):	Male / Female

Child's Medical/SEN History

Does your child have any physical disabilities? If yes, please give details:	
Does your child have any medical conditions or take medication regularly? If yes, please give details:	
Does your child have any special educational needs? If yes, please give details:	

Siblings

Will your child have a sibling at the same address in the main school when they attend Nursery? If yes, please provide the sibling's name and DOB:	
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Please indicate below which session you would prefer your child to attend. Please note, we cannot guarantee you will be offered your preferred session, but will allocate parental preferences where possible.

AM Sessions	
PM Sessions	

Parent/Carer Details (with whom the child lives with)

Parent/Carer's Name		Parent/Carer's Name	
Relationship to child:		Relationship to child:	
Address:		Address:	
Contact Number:		Contact Number:	

Signature (of the person who completed the form)

I sign to confirm the above details are correct and that I have read and understood the admissions criteria:	
Relationship to child:	
Date:	

OFFICE USE ONLY

Birth certificate seen/copy taken (sign and date to confirm):	
State which waiting list the child has joined:	