



CHILD'S NAME	DATE of BIRTH
HOME ADDRESS	TEL NO:  MOBILE
Do you still want a Nursery place for your child? YES/NO	
Would you prefer a morning, afternoon or full time place?	
Do you have a particular reason for this, e.g. older children at another school.	
We can provide daycare places from 8.00 - 6.00 p.m. If you require these services please indicate your requirements. (There is a charge for the wrap around care. Please telephone the nursery for rates.)	
Does your child attend a playgroup or Nursery? Please provide name of group.	
Do you have any other children?	
Name(s)	D.O.B.



What is your child's ethnic origin?	
What language/(s) does your child speak at home?	
Does your child have any special need or medical condition? Please describe briefly.	
Are there any family circumstances we need to take into account?	
Are there any other agencies /people involved with your child's needs, e.g. speech/occupational therapy,	
Doctor's Name	Health Visitor
What School would you like your child to attend?	
Is there any other information we should know about your child?	

PLEASE SIGN AND RETURN THIS FORM TO THE NURSERY,  
82, PEEL CLOSE, CHINGFORD E4 6XQ

Signed ..... Date .....