



Register of Interest Form

Child's Full Name: _____

Child's Date of Birth: _____

Address: _____

Postcode: _____

Name(s) of persons(s) with parental responsibility: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

Email address: _____

Please inform us if your contact details change at any point whilst your child's name is on the waiting list.

Does your child have any special educational, social, emotional or medical needs?

Have you applied to any other Nursery? If so which one? _____

Has your child attended Nursery or Playgroup before? If so, which one?

This information is correct to the best of my knowledge and belief:

Signed: _____ Date: _____

Please return this form to the academy office or nursery.