

REGISTER OF INTEREST FORM – NURSERY

Child's Surname Male <input type="checkbox"/> Female <input type="checkbox"/>	First Names Date of Birth
Address	Home Telephone No
Nationality or Country of Origin	Home Language
Name of Father/ Male Guardian	Name of Mother/Female Guardian
Mobile:	Mobile:
Email:	Email:

Siblings attending Little Ducklings Nursery or the main school at the time of admission

1 st	2 nd	3 rd	4 th
Name and Address of Present or Previous School			
CONFIDENTIAL: Is there any information that you think would be useful to us? (e.g. allergies, health problems, family circumstances)			

Signed	Date
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2 Year Old Place Term eligible: FEET FUNDING Yes/No

3 Year Old Place Term eligible:

Preferred Session A or B? (please circle)