



Aldersbrook Primary School

Headteacher:
Mrs. M. Mann



Nursery Registration Form

Child's Surname:		D.O.B	
First Names:		Boy or Girl (please circle)	
Address: Postcode:			
Home Telephone Number:			
Daytime Contact Number:			
Mother's Surname:	Initials:	Title:	
Father's Surname:	Initials:	Title:	
Sibling(s) at school:			

It is not always possible to allocate the session of your choice but please indicate if you have a preference for morning or afternoon nursery. (Please circle)

Morning	Afternoon
8:45am-11:45am	12:30pm-3:30pm

Signed:..... Date:.....

Parent/Guardian

For office use only:

Nursery place offered: For:

Any other information

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