St. Joseph's Catholic Primary School

Woodford Lane, Winsford,
Cheshire. CW7 2JS

Telephone: 01606 668790

Nursery Application/Registration Form

PUPIL DETAILS (please complete in block capitals in blue or black ink. Please tick the appropriate box)

Surname of pupil:	Boy	Girl
Forename(s) of pupil:	Date of birth:	
Address of pupil (We may seek proof of address) Postcode: email:		
Sibling(s) at St. Joseph's:		
Please provide your child's birth certificate and baptism certificate for us to copy.		
Religion:	Place of Baptism:	Date of Baptism:

PARENT/CARERS DETAILS

Please state below full name(s) of parents/carers and include address if different from above.

Mr/Mrs/Miss/Ms/Dr etc. Religion:	Mr/Mrs/Miss/Ms/Dr etc. Religion:
Telephone: (home) (work)	Telephone: (home) (work)

Doctor:	Health Visitor:

OTHER RELEVANT INFORMATION

Does your child receive 2 year old funding? Yes/No

Has your child had a 3 year old check? Yes/No

Is he/she under hospital review? Yes/No (If yes, please give details)

Any difficulties with: hearing / eyesight / general health / speech / co-ordination / toilet training

Any other difficulties?

Any serious illnesses?

Who will collect your child from Nursery?

Emergency contacts and telephone numbers (including mobile numbers):
1.
2.
3.

PARENTS'/CARERS' DECLARATION

I declare that all the information which I have provided is true. I understand that any nursery place offered on the basis of fraudulent or intentionally misleading information may be withdrawn.

Signed: _____ (Mr/Mrs/Ms/Miss/Dr etc) Date:_____

Daytime telephone number: _____

Nursery Sessions

Please indicate your session preferences by placing a number 1-5 in the boxes below, with 1 being your first choice.

30 hours (full days)	30 hours	
Monday, Tuesday and Wednesday AM (2.5 days)	15 hours	
Wednesday PM, Thursday and Friday (2.5 days)	15 hours	