



'With each small step the Lord guides me to the best that I can be'

Application Form for Admission to Nursery

About Your Child			
Name		Date of Birth	
Address			
	Postcode:		
About You (Parents/Guardians)			
	Parent/Guardian #1	Parent/Guardian #2	
Name			
Home Phone No			
Mobile No			
Do you live in the parish of St James', Latchford?		Yes	No
Does your child have a sibling in the school?		Yes	No
If yes, please give name(s) and class(es) below			
Has your child been baptised?		Yes	No
If yes, please give details of church and date of baptism below			
Are you a worshipping member of the Church of St James with St Hilda's?		Yes	No
Do you wish your child to take part in religious worship at school and receive religious teaching?		Yes	No
Which school will your child attend when they leave Nursery education?			
Are there any medical or other concerns that you feel we should be aware of?			
(please continue overleaf, if required)			
Signed	Parent/Guardian		Date
Received by	Nursery Teacher		Date