



Admission Form

Parklands Nursery School &
Parklands Playgroup

Spinney Hill Road, Northampton NN3 6DW
Tel: 01604 642118 Fax: 01604 495369

www.parklandsnurserieschool.co.uk
www.parklandsplaygroup.co.uk

For Office Use Only:
Registration No:

Intake Year:

Full Name of Child:		Male/Female:		Date of Birth (DD/MM/YY)	
Address:				Home Tel No:	
Postcode:					
Name of Brothers/Sisters and Dates of Births (DD/MM/YY):					
Parent/Carer's Full Name:			Parent/Carer's Full Name:		
Parent/Carer's Occupation:			Parent/Carer's Occupation:		
Name & Address of Employer:			Name & Address of Employer:		
Work Tel No:			Work Tel No:		
Admission for Playgroup 2-3 year olds (tick)			Admission for Nursery 3-4 year olds (tick)		
Which session would you prefer? (please indicate and order a preference 1st, 2nd & 3rd)		Morning 8:45am to 11:45am	Afternoon 12:30pm to 3:30pm	Full Day 8:45am to 3:30pm	
We can offer a few full time places in Nursery, 2-5 days per week. Please write down which days you would like to be considered for a place and the reasons i.e work/college/other commitments:					

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Family Doctor Name:	Surgery Address: Postcode:	Surgery Tel No:	
Health Visitor Name:			
Please write down any medical conditions your child has that require regular medical attention, e.g asthma, frequent tonsillitis, convulsions, etc			
Please write down any special circumstances that you would like us to take into consideration, such as family illness, behaviour issues, any special needs etc.			
Emergency Contact Name:	Relationship to Child:	Tel No:	Address (if different to already stated):
Signed: (Parent/Guardian)			Date:

ALL THE INFORMATION YOU PROVIDE IS CONFIDENTIAL. Please notify us as soon as possible of any change in circumstances.



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