



Admission Form

For Office use only:

Registration No:

Intake Year:

Parklands Nursery School &
Parklands Playgroup

Spinney Hill Road, Northampton, NN3 6DW
Tel: 01604 742118

www.parklandsnurseryschool.co.uk
www.parklandsplaygroup.co.uk

Full name of child:		Male / Female:		Date of Birth (DD/MM/YY):	
Address:				Contact Tel No:	
Postcode:					
Name of Brothers/Sisters:			Date of Birth(s):		
Mum's Full Name:		Dad's Full Name:			
Mum's Occupation:		Dad's Occupation:			
Name & Address of Employer:		Name & Address of Employer:			
Work Tel No:		Work Tel No:			
Which sessions would you prefer? (Please indicate order of preference 1,2 & 3)		Playgroup/Nursery AM (08:45-11:45)	Playgroup/Nursery PM (12:30-15:30)	Playgroup/Nursery ALL DAY (08:45-15:30)	
We can offer full time places in Nursery/Playgroup. Please indicate which days you are interested in:					
Family Doctor Name:		Surgery Address:		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, special needs etc.					
Emergency Contact Name:		Relationship to Child:	Tel No:		Address (if different to above)
Signed:(Parent/Guardian)				Date:	
We like to make sure our marketing is effective, please tell us where you heard about us?					

ALL INFORMATION YOU PROVIDE IS CONFIDENTIAL. Please notify us asap of any changes in circumstances.