

**GILL BLOWERS NURSERY SCHOOL  
REGISTRATION FORM**

**Headteacher: Deborah Harmon**

**Tele. Nos. 01582 575100/01582 565797/01582 587350**

**Please provide as much information as possible as this is used to allocate places.**

<b>CHILD'S FIRST NAME(S):</b>	<b>SURNAME:</b>
<b>DATE OF BIRTH:</b>	<b>SEX:</b>
<b>ADDRESS:</b>	
<b>POST CODE:</b>	<b>TELEPHONE:</b> <b>MOBILE NO:</b>

**ETHNIC ORIGIN** – Please tick one category as appropriate:

White	Black – African	Black Caribbean
Black – Other	Indian	Pakistani
Bangladeshi	Chinese	Italian
Any other – Please specify		

**HOME LANGUAGE** – Please tick one or more categories as appropriate

Bengali	Cantonese	English
Greek	Gujarati	Hindi
Italian	Punjabi	Portuguese
Spanish	Turkish	Urdu
Other – Please specify		

**ACCOMMODATION** – What type of accommodation do you live in? Please tick.

High Rise Flat	Maisonette	House
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**FAMILY NEEDS** – Please list

	YES	NO
Are you a lone parent?		
Do you, or any family member have a disability?		
Number, and ages of children in the family.		
Name, age of siblings previously attended.		
Are you in education, training or employment? If Yes, please give details: Name of College/Employer: No. of hours per week:		

**NEEDS** – Please give details of any special reasons for wanting your child to have a nursery place. **These should, where possible, be supported by a letter from your health visitor, doctor, speech therapist, social worker or learning support service.**

Where did you hear about us?

Friend	Internet (Please specify website)	Advertisement (Please specify)	Other (Please specify)
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Signed ..... Parent/Guardian ..... Date