



**ENROLMENT FORM**

**Please fill in the details requested and return the form to:**

**The Manager  
Woodside Nursery School  
Purbrook Heath Road  
Purbrook  
Waterlooville  
Hampshire PO7 5RT**

**Please notify us immediately of any changes to the information given**

**PLEASE USE BLOCK CAPITALS**

1. Full name of child .....  
Date of Birth ..... Telephone No. .... Mobile .....  
Address .....  
.....

2. Do you wish your child to attend **FULL TIME** **PART TIME** **(Please circle)**

3. If Part Time, please tick in appropriate spaces:

	<b>Morning</b>	<b>Afternoon</b>	<b>Lunch 12.00-1.00pm</b>
<b>Monday</b>	.....	.....	.....
<b>Tuesday</b>	.....	.....	.....
<b>Wednesday</b>	.....	.....	.....
<b>Thursday</b>	.....	.....	.....
<b>Friday</b>	.....	.....	.....

4. Name of Mother .....  
Mother's Employer ..... Telephone .....  
Address .....

5. Name of Father .....  
Father's Employer ..... Telephone .....  
Address .....

6. Name and Address of the child's Doctor .....  
.....Telephone .....

7. Details of any Injections/Immunisations already received by your child .....  
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8. Allergies or medical conditions .....  
.....

9. Diet: All Children are provided with a mid-morning and afternoon snack. Please indicate if your child should not be given certain foods/drinks on the following grounds only. (If these are not applicable please leave blank.)

\* Medical: My child has a food/drink allergy. (Please give details)

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.....

\* Religion: The following foods/drinks should not be given to my child on religious grounds. (Please give details)

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10. Please state any other information you think is relevant concerning:

\* Child interests/Personality: .....

.....

\* Anxieties: .....

.....

11. Please provide at least 2 additional contact numbers of a friend/relative who can be contacted during Nursery Hours and indicate numbers given.

1.

2.

**I wish to apply for admission of the above-named child to Woodside Nursery School. I have received and read the regulations of the Nursery. I agree to comply with them and any other regulations which may required in the future. I understand that when the enrolment is confirmed, the deposit covering the first week of attendance will be payable in advance to reserve my child's place.**

**Signed: (Parent/Guardian)** .....

**Date:** .....