



Application Form for St Mary's Nursery

Information about the child

First name:..... Surname:.....

Date of Birth:..... Boy Girl (please tick)

Address: (where child normally lives).....

..... Post Code:.....

- I would be interested in a full time (8.50am-3.20pm) place for my child if available yes/no

Information about parent(s)/ carer

	Mother	Father
Title (Mr, Mrs, Miss, etc)		
First name		
Surname		
Address (if different from child)		
Home phone number		
Mobile number		
Email address		

- Is child currently in care to a Local Authority or has previously been in care to a Local Authority and is now adopted, subject to a residence order or a special guardianship order? Yes/ No (If 'yes' please provide supporting documentary evidence)
- Is there an older sibling(s) who will be attending the school at the time of admission to nursery? Yes/ No (if 'yes' please give details below)
Name (of youngest sibling)..... Class.....
- Are parent(s) regular worshippers at St. Mary the Virgin, Chessington? Yes/ No
- Are parent(s) regular worshippers at another Christian church which is part of Churches Together in Chessington and Hook? Yes/ No
- Are there any exceptional family, social or medical needs that makes this school's nursery the most suitable one for your child? Yes/ No
(If 'yes' please give details below & continue on a separate sheet if necessary. Please include any documentary evidence from a professional that you feel may be relevant)

I confirm that the above information is correct.

Signed..... (parent/carers) **Date**.....

Please return to the school office as soon as possible with a copy of your child's **birth certificate** & a **recent utility bill** as proof of address.