



Application form for All Saints Nursery School

Playing and Learning Together

Child's Surname:		Date of Birth:	
Other Name(s):		Female <input type="checkbox"/>	Male <input type="checkbox"/> (please tick)
Address:			
Telephone:			
Parent's names:		Mother:	
		Father:	
Other person with parental responsibility (e.g. step-parent/Social Services):			
Other children in family (name, age, school attended, if applicable):			
Do you regularly attend (at least monthly):			
Place of non Christian worship, e.g. temple/mosque?		*YES <input type="checkbox"/> No <input type="checkbox"/>	
Church/Chapel or Christian place of worship?		* Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, where?			
Is your child baptised/dedicated?		*Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you live in a *house <input type="checkbox"/> flat <input type="checkbox"/>		Do you have a garden? *Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Visitor:			
Why have you chosen All Saints?		Other family members attend/have attended	
		Nearest school	
		Christian ethos	
Other reasons (please give details)			
Are you considering sending your child to our school next year? *Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/>			
If the opportunity arose would you be interested in:			
A place in the term in which your child is three *Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/>			
A full time place (this could involve some payment) *Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/>			
Where did you hear about our nursery:			
Signed:		Dated:	