**59 Rothesay Road, Luton, LU1 1RB**





***Telephone: -* 01582 726966**

**www.rothesaynursery.co.uk**

***Headteacher: -* Mrs J Brownjohn**

**REGISTRATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD’S FIRST NAME: | | SURNAME: | | |
| DATE OF BIRTH: | Birth Cert seen | | Y/N | GENDER: |
| ADDRESS: | | | | |
| POSTCODE: | | TELEPHONE: | | |
| EMAIL ADDRESS: | | | | |

**HOME LANGUAGE** - Please tick one or more categories as appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arabic |  | Akan/Twi-Fante |  | Bengali |  |
| English |  | Hindi |  | Polish |  |
| Portuguese |  | Punjabi |  | Romanian |  |
| Spanish |  | Shona |  | Turkish |  |
| Urdu |  | Other (Please Specify) |  |  |  |

**BROTHERS AND SISTERS**- Please list

|  |  |  |
| --- | --- | --- |
| Date of Birth | Name | Please tick if child attended Rothesay |
|  |  |  |
|  |  |  |

|  |
| --- |
| Please state **CURRENT SETTING**: (if applicable) |
| Please state future **INFANT SCHOOL**: |

**NEEDS** - Please state any special reasons for wanting your child to have a nursery school place. Continue on the back of the sheet if necessary. Have you been referred by your **Health Visitor**, **Doctor, Speech Therapist, Social Worker** or **Learning Support Service** as appropriate.

Please tick preferred session AM PM AM or PM

|  |  |
| --- | --- |
| PARENTS/GUARDIANS NAMES (PRINT) |  |
| Date |  |