

Nursery Registration

1. Pupil's Surname			
Pupil's First Name(s)			
Date of Birth		Nationality	
			Male/Female
Address			
.....			
			Postcode

Setting: (please tick) Highgrove Nursery (age 0 - 3 years) Nursery School (age 3 - 4 years)

Proposed Date of Entry			
2. Father's Title, Full Name, Address (if different from above)			
.....			
Father's Occupation			
Daytime Telephone		Evening Telephone	
Mobile Telephone			
Email Address			
3. Mother's Title, Full Name, Address (if different from above)			
.....			
Mother's Occupation			
Daytime Telephone		Evening Telephone	
Mobile Telephone			
Email Address			
4. Please mention here the names of any other members of the family attending the College or registered for entry, or any other connection with the College			
.....			
5. Present Nursery			
.....			
Head's Name		Telephone	
Email Address			
6. Does your child currently have, or has your child in the past had any difficulties, special needs or disabilities in any of the following areas: Visual/physical/hearing/speech/social or emotional development/health problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. Does your child have a medical condition eg. asthma, eczema, epilepsy, diabetes, cancer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8. If "yes" to either/both of the above questions, please attach any medical/professional reports and/or give further details below:			
.....			
.....			
9. Is there an available Educational Psychologist or Specialist Teacher report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date of report			

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Details:
10. Have you registered your child's name at any other nursery and if so, which?
12. Where did you hear about Queen's College? (Please circle) Friend / Family / Local Knowledge / Present Nursery / Agency / Advertisement (please write where you saw the advert) / Forces Brochure / Estate Agent (please write name of agent) / League tables / Good Schools Guide / Present School / Exhibition (which exhibition) / ISC / Internet Search / Other (please state)
Please return your completed registration form to the address below and we will invite your child in for a taster visit after which we will discuss the next steps of our admissions process

I/we wish to register the above named child for the sessions indicated (✓) below commencing
 Autumn/Spring/Summer Term 20..... (minimum three sessions per week)

All year round provision Term time only (Please tick as appropriate)

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 07.45/08.30 - 13.00*					
Afternoon Session 13.00 - 18.00					
All Day 07.45/08:30 - 18.00*					

* morning and full day sessions include lunch.
 Snacks are provided for all children throughout the day

Notes

Early registration is recommended. Registrations will be considered in the order they are received. Offers of places are subject to availability and the admission requirements of the College at the time offers are made. A copy of the current edition of the standard terms and conditions will be supplied on request.

Declaration

We understand that the standard terms and conditions will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the College. We understand that the College (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to promote and safeguard the welfare of the child.

First Signature	
Name in full	
Relationship to the child	
Date	
Second Signature	
Name in full	
Relationship to the child	
Date	

Address: Admissions, Queen's College, Trull Road, Taunton TA1 4QS
 Email: admissions@queenscollege.org.uk

Registered Charity No: 310208