



59 Rothesay Road, Luton, LU1 1RB
Telephone: - 01582 726966
Headteacher: - Mrs J Brownjohn

Luton

www.rothesaynursery.co.uk

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	