INKERSALL SPENCER ACADEMY

NURSERY REGISTRATION FORM

CHILD'S NAME			
DATE OF BIRTH		**MALE/FEMALE**	
ADDRESS			
PARENT/CARER 1	**NAME**		
	PHONE NUMBER		
	EMAIL ADDRESS		
	SIGNATURE		**DATE**
PARENT/CARER 2	**NAME**		
	PHONE NUMBER		
	EMAIL ADDRESS		
	SIGNATURE		**DATE**
SESSION PREFERRED (Please tick your choice)	**MORNING**	**AFTERNOON**	**FULL DAY** (subject to availability and 30 hour eligibility code)
ANY OTHER INFORMATION			

FOR OFFICE USE ONLY

REVISED DECEMBER 2025

DATE FORM RECEIVED:

PROPOSED ADMISSION DATE:

ADDED TO WAITING LIST: