



On completion please return this form to

Head of Nursery  
Elm Park Nursery  
90 Clarence Avenue  
Clapham  
London SW4 8JR  
T 020 8678 1990  
F 020 8678 6636

please tick

Child's First name \_\_\_\_\_ Girl  Boy

Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Date you wish your child to start at the nursery \_\_\_\_\_

What placement are you requesting?

Please tick the relevant boxes

	Mon	Tue	Wed	Thu	Fri
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Parents \_\_\_\_\_

Daytime contact number \_\_\_\_\_

Private email contact \_\_\_\_\_

How did you come to know about the nursery? \_\_\_\_\_

I/we wish to apply for admission of the above named child to Elm Park Nursery

Signed \_\_\_\_\_ Date \_\_\_\_\_

On commencement of the place we will need to keep detailed records to include: persons to be contacted in an emergency, details of the child's doctor and clinic, injections and immunizations, any allergies or medical conditions and any foods to be avoided.