



Wallsend Jubilee Primary School Nursery Registration Form



Child Details

Child's Name:..... Date of Registration:.....

Date of Birth:/...../ 20..... Gender: Male Female

Address:

..... Post Code:.....

Siblings in school? YES / NO
If yes, Names/Year Groups:.....

Ethnicity:..... Religion:.....
Session Preference
AM (8.45-11.45) PM (12.30-3.30)

Parent/Guardian Details

Mother

Father

Name:.....

Email Address:

Mobile:.....

Work Tel:.....

Address:.....
(if different
From above).....

Occupation:.....

Workplace:.....

Absent Parent Information (if applicable):-
Is there an absent parent? YES / NO Does your child have contact? YES / NO

Agencies

Does your child/family currently have a CAF/TAF in place? YES / NO

Has there been a previous CAF/TAF in place? YES / NO

Are there any agencies involved with your child? YES / NO

If yes, please state:
E.G. Children's Services, ICAN, SALT, CAMHS, Behavioural Support, Social Worker

Does your child have special education needs? YES / NO

If yes please give details

Medical

Does your child have any medical conditions? YES / NO

E.G. Asthma, Eczema, Epilepsy, Diabetes.....



Wallsend Jubilee Primary School



Nursery Registration Form

Office Use Only

Form Received (date)..... By (initials).....

Cohort: 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022
2022-2023, 2023-2024, 2024-2025, 2025-2026

N1 (September Start 1 yr)

N2 (6, 5 or 4 Terms)

Place Offer Letter sent (date)..... By (initials).....

Place Offer Accepted YES / NO Date..... By (initials).....

Home Visit Letter Sent (date)..... By (initials).....

Home Visit Details (date & time).....

Nursery Visit (date & time).....

Welcome Pack Given YES / NO Date..... By (initials).....

Start Date / Time:.....

Notes / Other Details:-