

APPLICATION FOR ADMISSION TO MERRYLANDS NURSERY

Details of	Surname First Name(s)					
child	Date of Birth		1 1	Boy	Girl [Please tic
Details of pa	irent(s) or gua	rdian(s) with	whom child	lives		
(i) Surname			Forename		Mr/Mrs/Miss/Ms	5
(i) Mobile No.		Email:			Relationship to child	
(ii) Surname			Forename		Mr/Mrs/Miss/Ms	5
(ii) Mobile No.		Email.	1		Relationship to child	
Address						
	Postcode		NI number		Date of Birth	
		Either of the Full time 30 h	nours 8.30am ·	- 3.30pm [
Details of si	blings	Sur	name(s)	First	Name(s)	Date of Birth
Details of si attending th		Sur	name(s)	First	Name(s)	Date of Birth
		Sur	name(s)	First	Name(s)	Date of Birth
attending th			your child ha	First	pre-school, please	
attending th	is school		your child ha	s attended nursery of	pre-school, please	
attending th	is school		your child ha	s attended nursery of	pre-school, please	

Signature of Parent	Date	1 1