



# ADMISSION TO ST. CATHERINE CATHOLIC NURSERY

Name:

Date of Birth

Boy / Girl

Place Requested: **AM Nursery**

**PM Nursery**

**All Day nursery**

**Does your child already have a brother or sister at the school above? If yes, write their details below:**

**Name/s:** ..... **Year/s:** .....

Name of parent(s) or legal guardian(s)	Mr / Mrs Miss / Ms
Address of parent(s) Or legal guardian(s)	Postcode
Telephone number:	Home:  Mobile:
Email address:	

If you think that your child or a member of your immediate family has a medical, psychological, social or philosophical condition/reason that necessitates your child attending this school please attach a separate sheet, giving details and/or supporting paperwork, to this form.

Place of Baptism of child: **(Baptism Certificate to be enclosed):** .....

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

**Once completed return this form to St. Catherine Catholic Nursery School**  
**Please enclose the following documentation:**  
**Baptism Certificate (if you have one)**  
**Proof of Address (e.g. Recent Utility Bill)**  
**Birth Certificate**