RIVERLEY
PRIMARY

RIVERLEY PRIMARY SCHOOL, PARK ROAD, LEYTON E10 7BZ.
020 8539 4535

NURSERY REGISTRATION FORM

CHILD'S SURNAME.....

CHILD'S OTHER NAMES.....

CHILD'S PREFERRED NAME .....

MALE/FEMALE..... DATE OF BIRTH.....

ADDRESS OF CHILD.....

..... POST CODE.....

MOTHER'S NAME.....

ADDRESS.....

MOBILE.....

EMAIL.....

FATHER'S NAME.....

ADDRESS.....

EMAIL.....

.

MOBILE.....

NAME AND ADDRESS OF LEGAL GUARDIAN *(if different from above)*

.....

.....

OTHER CHILDREN IN THE FAMILY:

NAME	DATE OF BIRTH	CURRENT SCHOOL ATTENDED
.....	.....	.....
.....	.....	.....
.....	.....	.....

PREFERRED SESSION (please circle your preference)

AM (8.50am - 11.50am) or **PM (**12.25pm - 3.25pm) or **FULL TIME (**8.50AM-3.25pm) *must provide 30-hour code on registration*

***please note your child will need to attend at least 2 play and stay sessions to guarantee a place**

Signed..... Date.....