

Additional Information

Please indicate below if your child has any medical or health needs. E.g. hearing, vision, asthma, allergies, diet, etc.

Is your child or family having additional support from any of the following? Yes / No If yes, please give details.

Speech and Language Therapist (SALT)
Child Development Centre (CDC)
Health Visitor (HV)
Family Link / Support
Social Worker

How did you find out about our nursery? _____

Please keep the nursery up to date with your contact details. We will not be able offer sessions for your child if we cannot reach you.

Waiting List / Registration Forms will not be accepted without your child's original birth certificate or passport being seen by a staff member and the details verified. Please sign and date this form, then return it to the academy office at the address below. Your child's name will then be added to our waiting list.

Signature: _____

Date: _____

Office use only:

Child's full name:

Date of birth: **Staff member to confirm that all details are correct.**

Proof of address:

Birth Certificate or Passport Number: _____

Staff signature: _____

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