

# ADMISSIONS FORM



Wilsden Pre-School

Wilsden Village Hall,  
Townfield, Wilsden,  
Bradford, BD15 0HT  
Tel: 01535 275534

Child's Legal Name: \_\_\_\_\_

Family name: \_\_\_\_\_

Known as: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Parent/Guardian Contact Name: \_\_\_\_\_

Nationality and Ethnic Origin:

Religion: \_\_\_\_\_ Our Home Language is: \_\_\_\_\_

Name of Childminder: (if applicable) \_\_\_\_\_

Address of Childminder (if applicable) \_\_\_\_\_

\_\_\_\_\_

Name of other nursery/pre-school provision currently attending (if applicable) \_\_\_\_\_

Number of sessions: \_\_\_\_\_

My child has the following Special Needs:

My child has the following dietary requirements:

My child has the following health requirements:

Name of who has parental responsibility for the child:

Name of who has legal contact with the child:

Working in  
partnership with:



