



Nursery Waiting List Form



First Name		Date of Birth	
Middle Name		County of Birth	
SURNAME		Nationality	
Known As (Preferred Name)		Home Language	
Gender		English as Additional Language	Yes ☐ No ☐
Home Address			
Do you have other children in school?	Yes ☐ No ☐	Please provide other child's name	

Does your child have a disability?	Yes ☐ No ☐
If yes, please give details	

Does your child have any allergies to medicines?	Yes ☐ No ☐
Does your child have any other allergies (eg plasters, bee stiings, hay fever)	Yes ☐ No ☐
Does your child have asthma?	Yes ☐ No ☐
Has your child ever been referred to/attend speech therapy?	Yes ☐ No ☐
Has your child ever been referred to/attended a paediatrician?	Yes ☐ No ☐
Has your child ever received a diagnosis, such as Autism or ADHD?	Yes ☐ No ☐

If you answer 'Yes' to any of the above, please give details so we can talk with you further about supporting your child and their needs	

**An appointment will be arranged for you and your child to meet our Nursery Teacher
once this form has been completed and returned to:**

**admin@westcourt.kent.sch.uk or your child can be placed on our waiting list and
join our nursery once they turn 3 years of age – Thank you**