

**Nursery Application Form 2025/26**

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| Child’s full name: | Known as: | Date of Birth: |
| Parent/Guardian Name | Office Use: |
| Home Address:Post Code: Telephone Number:Mobile Number: Email:  |
| Do you wish to attend: | Full Time: (4 to 5 days) | Part Time: (1 to 3 days)) |
| Are you a: | Student: | Member of Staff: | Local Community: |
| If a student | Course: | Student Number: |

For Office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Received: | Acknowledgement/WL letter sent: | Offer/Regret letter sent: | Accept/Decline received: |
| Start Date: |  | Leaving Date: |  |
| Comments: |

I wish to apply for admission of the above named child to Moray College Nursery.

Signed:…………………………………………………………..Name(print):………………………………………………………………..

Relationship to Child:……………………………………………………………………..

Date:……………………………………………………………………………………………………..…………………………………………….

Please remember to inform the Nursery of any change in contact details as these will be used when offering a place.

Please return to:

Patricia.Eddie.Moray@uhi.ac.uk