



# Micklefield C.E. (VC) Primary School Pre-Nursery

Great North Road, Micklefield, Leeds LS25 4AQ

Headteacher: Mrs Gillian Dodsworth

Early Years Co-ordinator: Mrs Lucy Gillatt

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Child's name: \_\_\_\_\_ boy/girl Date of birth: \_\_\_\_\_

Child's address: \_\_\_\_\_  
\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Carer 1: (name and address): \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Carer 2: (name and address): \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Alternative contact and phone number: \_\_\_\_\_  
\_\_\_\_\_

Names and dates of birth of other children: \_\_\_\_\_  
\_\_\_\_\_

Health visitor: \_\_\_\_\_ Phone: \_\_\_\_\_

What language (s) does your child hear at home? \_\_\_\_\_

It would help us to know if your child is, or has been receiving support from: Speech and language therapy;  
other medical or similar support:

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know, such as fears or anxieties?

\_\_\_\_\_

\_\_\_\_\_