

ENQUIRY AND APPLICATION FORM TO JOIN
ST. MICHAEL'S PRE-SCHOOL



CHILD'S NAME _____

CHILD'S DATE OF BIRTH _____

YOUR CONTACT INFORMATION

Name _____

Address _____

Telephone Home _____ Mobile _____

Email _____

Date from which you would like your child to start attending our Pre-school _____

How did you hear about St Michael's pre-school _____

APPLYING FOR A PLACE - Please tick the sessions you wish your child to attend

2 Year Old Groups	Monday	Tuesday	Thursday
9:00am - 12:00pm			

3 & 4 Year Old Groups	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am - 12:00pm					
12:00pm - 12:30pm (non grant funded)					
12:30pm - 3:30pm					

Terms and conditions

1. I/We agree to give a minimum of 4 term time weeks' notice in writing from the confirmed start date in the event that the place(s) are no longer required.
2. Where possible children moving from 2 year old sessions to 3 year old sessions will be guaranteed the same number of sessions with the possibility of more depending on availability.
3. Completion of this form is not a guarantee of a place.
4. The waiting list for St. Michael's Pre-school is often oversubscribed. Priority is given to those attending the 2 year old sessions and to those who will be in their final year before starting school.

Signature of Parent/Guardian: _____

Date: _____

Please return to Kelly Williams, St. Michael's Pre-school, Whaddon Lane, Hilperton BA14 7RN. If you have any queries please do not hesitate to contact the Pre-school, Monday to Friday, on 07849 722670 or email us at

<http://stmpreschool.co.uk/contact-us/> **FOR OFFICE USE/** Date Received: Received by: