



62 LEIGH ROAD
LEIGH-ON-SEA,
ESSEX, SS91LF
Tel: 01702 714599



Email: stmichaelandallangelspreschool@hotmail.co.uk
Website: www.stmichaelandallangelspreschool.org.uk

Application to Join St. Michael and All Angels Pre-school

Please complete this form in BLOCK CAPITALS and return with a £20 administration fee, this is a setup fee for your child's space with us. If your child is claiming either 2 or 3 year old funding when they start the administration fee can be used to offset snack donations or uniform. We also need to see your child's original **Birth Certificate/Passport or Adoption Certificate** at time of application.

Child's full name:- **Date of birth:-**

Name known as (*if different from the above*) :- Male/Female

Parent(s)/guardians(s) with whom the child lives:-.....

Address:-

..... Postcode:-

Home phone no:- Work no:-

Mobile no:-

Email address:-

Does this parent have parental responsibility? Yes/No

Parent/guardian with whom the child does not live (*if applicable*):-

Address:-

..... Postcode:-

Home phone no:- Work no:-

Mobile no:-

Email address:-

Does this parent have parental responsibility Yes/No

Does this parent have legal access to child Yes/No

Country of birth:-

Language spoken at home:-

Religion of child:-

Ethnicity (please circle)

- | | |
|----------------------------|-----------------------------|
| Bangladeshi | White and Black Caribbean |
| Indian | Other Ethnic Group |
| Any Other Asian Background | White British |
| Pakistani | White Eastern European |
| Black African | White - Irish |
| Black Caribbean | Traveller of Irish Heritage |
| Any Other Black Background | White Other |
| Chinese | Gypsy/Roma |
| Any other mixed Background | White Western European |
| White and Asian | |
| White and Black African | |

Is there anything you would like to tell us about your child?

.....
.....

We have 1 intake a year in September, please indicate which year you wish your child to start:-

Will your child be receiving **2 year** old funding? Yes/No
If yes, please speak to the Head before your child starts.

Will your child be receiving extended **30 hour** funding? Yes/No
If yes, please speak to the Head before your child starts.

Will your child also be attending another day-care setting/childminder? Yes/No
If yes, please give details.

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Which school do you anticipate your child will attend?.....

Application Form completed by:

Parent/Guardian 1

Name:
Signed:
Date:
Relationship to child:

Parent/Guardian 2

Name:
Signed:
Date:
Relationship to child:

For staff use:

Registration date:-..... Reg. fee received:-.....

Birth certificate/Passport/ Certificate of Adoption Number

Staff signature:-.....

Comments: