**ST GABRIEL’S CATHOLIC PRE-SCHOOL**

# Well Lane, Alsager, ST7 2PG Tel: 01270 872626

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application to Join Form -**This form needs to be completed. | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | |
| **Child’s Full Name:** | | |  | | | | | | | | | | | | | | |
| Date of Birth: | | |  | | | | | | Siblings & Year in school: | | | | | |  | | |
| Date of Baptism: | |  | | | | | | Religion of Child: | | | | | |  | | | |
| Full address: | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | | | | |
| **Parent/carer name (1):** | | | |  | | | | | | | | | | | | | |
| Relationship to child: | | |  | | | | | | | | | | | | | | |
| Full address (if different): | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | | | | |
| Email: | |  | | | | | | | | | | | | | | | |
| Daytime/work tel: |  | | | | | | Home: |  | | | Mobile: | | | | |  | |
| **Parent/carer name (2):** | | | |  | | | | | | | | | | | | | |
| Relationship to child: | | |  | | | | | | | | | | | | | | |
| Full address (if different): | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | | | | |
| Email: |  | | | | | | | | | | | | | | | | |
| Daytime/work tel: |  | | | | | | Home: |  | | | Mobile: | | | | |  | |
| **Days/Hours Requested** | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Days** | **Opening Hours** | **Please tick or state hours you would like your child to attend.** | | **Monday** | **8.45am to 12.45pm** |  | | **Tuesday** | **8.45am to 2.45pm** |  | | **Wednesday** | **8.45am to 2.45pm** |  | | **Thursday** | **8.45am to 2.45pm** |  | | **Friday** | **8.45am to 12.45pm** |  | | **Lunch is between 12 noon and 1pm each day and parents are to provide their child with a packed lunch.** | | | | | | | | | | | | | | | | | | | | |
| ***Your child has to be 3 before starting with us, please state your preferred start date***: | | | | |  | | | | | | | | | | | | |
| This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.**  Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child’s birth certificate and baptismal certificate is required at this point with a copy made for our file.  If you find that you no longer need the place, please inform us as soon as possible. | | | | | | | | | | | | | | | | | |
| **Signed parent/carer (1):** | | | | |  | | | | | | | Date: | | | | |  |
| **Signed parent/carer (2):** | | | | |  | | | | | | | Date: | | | | |  |
| **Please save this form with a new name – such as ‘Application From for ????’ (add your child’s name) and return via email to** [**stgabspreschool@googlemail.com**](mailto:stgabspreschool@googlemail.com)**.**  **I will confirm receipt of your application from by return email.**  **Many thanks.** | | | | | | | | | | | | | | | | | |