



St Joseph's Pre-School Registration Form



Please complete and return this Registration Form (using capital letters) to add your child's name to St Joseph's Pre- School consideration list. Funded places start the term after your child's third birthday (or the term after their second birthday IF you are entitled to this funding.) For further information about your child's funding entitlement please visit: <https://www.childcarechoices.gov.uk/>

IMPORTANT INFORMATION: A Pre-School place does not provide automatic entry to our Reception classes. Applications for a school place must still be made via Buckinghamshire Council.

Child's First Name:		Please tick	
Child's Surname:		Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
Date of Birth:	Child's Religion:		
Application completed by:			
Relationship to child			
	Contact 1	Contact 2	
Contact Name:			
Relationship to child:			
Address:			
Home Telephone number:			
Mobile Telephone number			
Email (Please use capital letters)			

Information about your child

Do you have any concerns about your child's development	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please provide a short description of concern.				
Has your child ever been referred to a health specialist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, lease indicate which specialist:				

All sessions are 'term time' and subject to availability.

I am hoping my child will start session from	Date
Attending: (please tick)	
5 Morning sessions <input type="checkbox"/> (15 hours) 9am - 12pm	5 Afternoon sessions <input type="checkbox"/> (15 hours) 12pm - 3pm
5 All Day sessions <input type="checkbox"/> (30 hours) 9am - 3pm	
If you are requesting 30-hour funding and have already obtained a code please complete below.	Your National Insurance Number:
Code:	

Siblings attending St Joseph's / St Edward's School	Date of birth	Pre-School/ School sibling attends
Name:		
Name:		
Name:		
Signed:	Date:	

Please complete and return this form to:

St Joseph's Pre-School
 Hazell Avenue
 Aylesbury
 HP21 7JF

or

Email to office@stjosephsrcinfant.bucks.sch.uk

If you have any queries please contact the Pre-School on 01296 469407.

PLEASE INFORM US OF ANY CHANGES TO THE INFORMATION SHOWN ON THIS FORM.

Pre-School use only

Date form received	
Intake	