



Pre-School Application Form

Child's Name: _____

Date of Birth: _____

Address: _____

Name of Parent/Carer: _____

Contact Number: _____

Email Address: _____

Previous Setting Attended: _____

Languages spoken at home: _____

Involvement of Outside Agencies: Paediatrician Social Worker Early Help Worker
 Speech and Language Health Visitor Family Support Worker

When your child attends Pre-School they will be entitled to 15 funded hours.

Please indicate which sessions you would like your child to attend.

	Monday	Tuesday	Wednesday	Thursday	Friday
9am – 12pm					
12pm – 3pm					

Please note that the Pre-School will be closed on statutory holidays.

Should your child be unable to attend the agreed Pre-School sessions due to illness, please contact the school office before 9am. Unfortunately, these hours are not able to be transferred to another day.

If you wish to change or terminate your child's sessions, a minimum of 2 weeks' notice is required.

Do you have a 30 hour eligibility code for 3 and 4 year olds? _____

Parent/Carer Date of Birth: _____ National Insurance Number: _____

I give my consent for my funding code to be checked with the Local Authority.

Parent/Carer Signature: _____ Date: _____

Telephone: 01775 723326

Queens Road, Spalding, Lincolnshire, PE11 2JQ

Email: enquiries@spaldingstpauls-cit.co.uk

Website: www.spaldingstpauls-cit.co.uk

Headteacher: Mrs Selina Ratchford

Assistant Headteachers: Miss Katie James and Mrs Simone Wright