



Registered charity No; 1035144  
www.stmichaelspreschool.info

**Saint Michael's Pre-school**

**Application to join**

**Name of Child** .....

**Name(s) and address of Parent(s)** .....

.....

.....

.....

**Telephone number** .....

**Child's date of birth** .....

**Will be 2½ years old on** .....

**I/We would like ..... to start attending Saint**

**Michael's Pre-school**

**\*as soon as possible**

**\*from ..... (date)**

**Sessions preferred: \*Monday/Tuesday/Wednesday/Friday**

**\*Please delete whichever is not applicable.**

**If we find that we no longer need the place, we will inform the pre-school as soon as possible.**

**Signature of parent .....**