



Please complete all details below clearly using BLOCK CAPITALS

Child's Personal Details

First Name	_____	Date of Birth	_____
Last Name	_____	Gender	Male / Female
Address	_____	First Language	_____

	_____	Does your child have a sibling attending Sacred Heart Primary/Pre-School*? Yes/No	
	_____	<small>*delete as appropriate</small>	
Post Code	_____	Requested Start Date	_____
Home Telephone	_____		

Parent's / Carer's Contact Details

Mother's Full Name	_____		
Mother's Tel No's	_____ (Mobile)	_____ (Daytime)	
Mother's Email	_____		
Father's Full Name	_____		
Father's Tel No's	_____ (Mobile)	_____ (Daytime)	
Father's Email	_____		

Sacred Heart Pre-School is run by a Committee of volunteer parents, without whom we cannot legally operate. If you are interested in becoming involved with the Committee during your child's time at pre-school, please tick here Please note that an Ofsted DBS check is necessary before involvement.

Signature: _____ Parent/Carer* *delete as appropriate Date: _____

Please return this form to the pre-school where your application will be processed.