

SAINT GABRIEL'S PRE-SCHOOL

Application for Admission

Name of Child: _____

Date of Birth: _____

Home Address: _____

Post code: _____

Telephone number: _____

Mobile number: _____

Email address _____

Parent/Carer (Mother's Name): _____

Parent/Carer (Father's Name): _____

Parental responsibility of the child Mother YES/NO Father YES/NO

Who is allowed Legal Contact: _____

Name of Doctor: _____

Telephone number: _____

EMERGENCY CONTACT NUMBERS

1. Name of person: _____

Relationship to child: _____

Telephone number: _____

2. Name of person: _____

Relationship to child: _____

Telephone number: _____

PLEASE TURN OVER

Please indicate if your child has any special dislikes (i.e. food/drink) or if she/he suffers from any allergies

Religious/cultural information about your child

Has your child attended a Pre-School or Nursery before?

Date of application: _____

Thank you for choosing St. Gabriel's Pre-School.

I/we agree to abide by the policies and procedures laid down by St. Gabriel's Pre-School.

Copies are on display in the Pre-School or available on request.

Signature: _____

**Please return to: St. Gabriel's Pre-School
Pre-School Building
Wilnecote Lane
Tamworth
Staffordshire
B77 2LF**

Telephone number: 01827 250903 / Mobile: 07980 929259

Email: theresa.miller@st-gabriels.staff.sch.uk

**** "A parent includes a child's natural parents, as well as anyone else who care for the child or who has parental responsibility for the child" ****