

**ST CLEMENT'S CHURCH PRE-SCHOOL  
APPLICATION FORM**



Name of child:	
Date of birth:	
Names of parents:	
Address of parents: (including post code)	
Telephone no: (Home/mobile)	
E-mail address:	
I/We would like our child to start attending the setting:  (circle accordingly)  (NB: each term signifies the old ½ term)  <b>Year: 20.....</b>	As soon as possible Autumn Term 1 – September Autumn Term 2 – November Spring Term 3 – January Spring Term 4 – February Summer Term 5 – April Summer Term 6 – June
Has a sibling attended St Clement's Church Pre-school before?	Yes / No (circle accordingly)
Are you a member of St Clement's Church?	Yes / No (circle accordingly)
Are you a member of a church? (Please note: if you are not a member of a church, this will not necessarily affect your application)	Yes / No (circle accordingly)
We will inform the Pre-school as soon as possible if we no longer require a place.	
I enclose the non-refundable administration fee of £15.00	
Signature of Parent(s):	
Date:	
Please return this form to us as soon as possible. Places are subject to availability and are reviewed in June for the forthcoming academic year. Please give us a call as places may become available throughout the year.	

[stclementschurchpreschool@gmail.com](mailto:stclementschurchpreschool@gmail.com)

Tel: 01865 202512