Trinity and St Michael's Church of England & Methodist Pre School
Booking Form

Full Legal Name			
Preferred Forename		**Gender**	
Date of Birth	__ /__ / __	**Name of Siblings in school**	
Parent/Carer Name and Address:			
Contact Telephone Number			
Email Address			
Does your child attend another early years setting?	Yes/No (please delete) Name of setting:		
Government Funding	My Child will qualify for the free 15 hours	**YES / NO** (Please Circle)	
Government Funding	My Child will qualify for the free 30 hours	**YES / NO** (Please Circle) If yes please insert eligibility code:	

Provision Required (Please Tick) minimum 2 days per week

Session and Times	Mon	Tues	Wed	Thurs	Fri
Breakfast Club 7.45am-9am					
Morning Session 9am-12pm					
Lunch 12pm-12.30pm					
Afternoon Session 12.30pm-3.30pm					
After School Club 3.30pm-6pm					

Preferred Start Date:

Signature:

Relationship to Child:

Please complete and email to bursar@croston-pri.lancs.sch.uk or hand into the school office