



Pre-School Application form 2026-2027

Important: This application is for a place in the Pre-School **Only**. (Application for a full-time school place in EYFS must be made to Leicestershire County Council between 1st September and 15th January of the academic year before your child starts school.)

Section A – Details about your child

| | |
|---|------------------|
| Forename: | Surname: |
| Address: | |
| Postcode: | |
| Date of birth: | Gender (M or F): |
| Is your child looked after by a local authority? (sometimes referred to as 'being in care') | Yes or No: |
| If so which Local Authority: | |
| Does the child have an Education, Health and Care Plan (EHCP) or is undergoing a statutory assessment or have a disability? | Yes or No |
| If yes please give details: | |
| Medical conditions/Dietary requirements: | |
| Does your child wear nappies/pull ups? If so please give details: | |

At Saint Francis We Love to Learn and We Learn to Love

'Love One Another, as I Have Loved You'
John 13:34-35

Section B – Details about you

| | |
|---|-----------|
| Forename: | Surname: |
| Address (if different from your child): | |
| Postcode: | |
| Telephone – home: | |
| Telephone – work: | |
| Telephone – mobile: | |
| Email address: | |
| Your relationship to the child in Section A: | |
| Do you have parental responsibility for the child in Section A? | Yes or No |

Additional Emergency Contact

| | |
|---|-----------|
| Forename: | Surname: |
| Address (if different from your child): | |
| Postcode: | |
| Telephone – home: | |
| Telephone – work: | |
| Telephone – mobile: | |
| Email address: | |
| Your relationship to the child in Section A: | |
| Do you have parental responsibility for the child in Section A? | Yes or No |

Section C – Funding and Charges

If you wish to use Government Funded Childcare for all or part of your placement, please complete the attached PSO form.

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| When would you like your child to start? (please circle) |
| Autumn term (September) |
| Spring term (January) |
| Summer term (April) |

Tick the sessions you wish your child to attend:

| | 8:45am – 11:45am | 11:45am – 12:15pm (additional £4 supervision charges apply) | 12:15pm – 15:15pm |
|-----------|------------------|--|-------------------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

| | |
|---|----------------|
| Does the child in Section A have a brother or sister attending this school? | Yes or No |
| If yes, please complete: Name of child: | Date of birth: |

I confirm that the details provided are accurate.

| | |
|------------------------|-------|
| Applicant's signature: | Date: |
| Relationship to child: | |

Please use this space to tell us anything else we need to know:

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Please return form to the school Office along with a copy of the child's birth certificate.