



St Joseph's Pre-School

Priory Road, Chalfont St Peter, Buckinghamshire, SL9 8SB

ADMISSION FORM [CONFIDENTIAL]

1. CHILD'S DETAILS	
Full Name:	
Date of Birth:	
Gender:	
Home Language:	
Religion:	
Home Address	
Current Childcare Provider	
Permission to contact setting	☐ Yes ☐ No
Siblings that attend St Josephs	

2. YOUR DETAILS	
Relationship to Child	
Name	
Email Address	
Mobile number	

Are you applying on behalf of a 'child in care' of a Local Authority?	☐ Yes ☐ No If 'Yes' please email along the application the local authority supports the child and details of their social worker
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3. PREFERENCE OF SESSION TIMES

Entry to Preschool	Application deadline	Confirmation of place
September	31 March	1 May
January	30 September	1 November
April	31 December	1 February

Please indicate your preferred intake: Preferred Year: _____

☐ September

☐ January

☐ April

Please tick all sessions required.

	Mon	Tue	Wed	Thu	Fri
Morning 8.45am – 11.45am	☐	☐	☐	☐	☐
Afternoon 12:15pm – 3:15pm	☐	☐	☐	☐	☐

4. PARENTAL DECLARATION

I confirm that:

- I have parental responsibility for this child.
- The information provided is accurate and complete.
- I understand that providing false information may result in the withdrawal of any offered place.

Signature of parent/carer

Date:

Once completed you should return this form to the school office at the following address:

St Joseph's Catholic Primary School
 Priory Road
 Chalfont St Peter
 Bucks
 SL9 8SB

Email: admin@stjosephschalfont.school