**St. Leonard’s Preschool Application Form**

Childs Full Name\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

D.O.B\_ \_ \_ \_ \_ \_ \_ \_ Tel No.\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ email………………………………………………………

Address \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Postcode \_ \_ \_ \_ \_

Parents Names \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Ethnic Origin\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Home Language(s)\_ \_ \_ \_ \_ \_ \_ \_ \_

Names and ages of any siblings/ schools attended :-

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Days preferred Monday Tuesday Wednesday Thursday

(please circle)

Other preschool activities attended eg Nursery, dance, gym, music etc \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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Please feel free to use the reverse of this form to explain any relevant information which you feel will help us to care for your child eg medical conditions, allergies, religious observances, concerns etc.