

ST MICHAELS PLAYGROUP APPLICATION FORM

Reg. Charity no. 800378

Email: stmichaelsplaygroup@hotmail.co.uk Website: www.stmichaelsplaygroup.com

ADDRESS:

ST MICHAELS PLAYGROUP, MARGARET WIX SCHOOL, HIGH OAKS, ST. ALBANS, HERTS, AL3 6EL.

TEL. (Manager) MRS. JACKSON ON: 01727 840421 OR (Deputy) MRS. PATON ON: 01727 846039

*** PLEASE WRITE CLEARLY**

CHILDS NAME: _____

DATE OF BIRTH: _____ **PLEASE CHECK THIS IS CORRECT!**

MOTHERS NAME: _____

FATHERS NAME: _____

ADDRESS: _____

_____ **POST CODE** _____

HOME TEL NO: _____ **BEST TIME TO CONTACT YOU** _____

EMAIL ADDRESS: _____ **Write clearly**

MOBILE NO(s): _____

ANY SPECIAL NEEDS / OTHER INFORMATION: _____

WE HAVE THREE INTAKE TERMS PER YEAR : JANUARY (AFTER XMAS) APRIL (AFTER EASTER)

SEPTEMBER (AFTER SUMMER HOLDS) PLEASE TICK IDEAL TIME YOU WOULD LIKE TO START.
(Age from 2years(limited) to rising 4years)

JANUARY _____

APRIL _____ **Places are very limited at this intake**

SEPTEMBER _____

OR AS SOON AS POSSIBLE _____

THANK YOU

SHARON JACKSON

Opening times are: 9am until 12 midday