

St Alban's Catholic Academy

First Avenue, Harlow, CM20 2NP Tel: 01279425383 Email: adminstalbans@ourladyoffatimatrust.essex.sch.uk Executive Headteacher Mr I Kendal B.Ed(hons), MA, NPQEL Head of School Mrs AM Black B.Ed(hons)



Pre-School Application Form

Child's Details	
Child's Surname:	
Child's First Name	
DOB:	
Home Address:	
Postcode:	

Parent/Carer Details

Mothers Full Name:	
Address:	
Telephone Number:	
E-Mail Address:	

Father's Full Name:	
Address:	
Telephone Number:	
E-Mail Address:	

Details of Religion and Religious Practice

Religion of child:	
Church of Baptism:	
Date of Baptism:	
Church Attended:	
Name of Priest supplying Certificate of Catholic	
Practice or religious leader providing letter	
confirming membership of the faith community	
(where appropriate):	















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Name of siblings currently attending St Alban's	
Catholic Academy:	

Please state your child's current Pre- School

Please state briefly your reasons for wishing your child to attend Alban's

<u>Sessions Required</u> These will usually be all morning/all afternoon or all day sessions though we may be able to offer some flexible places after all others have been allocated. These places will be reviewed termly. Please go to <u>https://www.childcarechoices.gov.uk/</u> for more information on your entitlement to 30 hours funded childcare.

	Monday	Tuesday	Wednesday	Thursday	Friday
30 Hours					
(Full Day)					
Morning					
Afternoon					
Extension to half day (Paid)					

30 Hour Code:

Signed.....

Date.....

Checklist:

Have you enclosed?

Copy of the child's birth certificate Copy of Baptism certificate (where appropriate) Certificate of Catholic Practice (where necessary) Evidence from Religious Leader (where necessary)









