



RAINBOWS PRE-SCHOOL REGISTRATION FORM

I wish to register my son/daughter:

for a place in the Rainbows Pre -School Class from..... Term 202..

DATE OF BIRTH :

HOME ADDRESS

.....

.....

Telephone Numbers: Home :

Mobile:

Email address:

Sibling/s Name/s:

Morning sessions required: Monday/Tuesday/Wednesday/Thursday/Friday
(please circle)

I have 15 hours funding

I have 30 hours funding

**Registration of your child into Rainbows Pre -School does not guarantee a full time place into our Reception Class. Parents of eligible children need to register online with Bucks County Council Admissions Department:
www.buckscc.gov.uk/contactadmissions**

