

## RAINBOWS PRESCHOOL REGISTRATION FORM

I wish to register my son/daughter: .....

for a place in the Rainbows Preschool Class from..... Term 202..

DATE OF BIRTH :.....

HOME ADDRESS .....

.....

.....

Telephone Numbers: Home :.....

Mobile:.....

Email address: .....

Sibling/s Name/s: .....

PLEASE SEE OVER FOR AVAILABLE SESSIONS

I have 15 hours funding

I have 30 hours funding

**Registration of your child into Rainbows preschool 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](http://www.buckscc.gov.uk/contactadmissions)**

