**A logo with cartoon characters

AI-generated content may be incorrect.**

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[www.theberrypatchfinedon.com](http://www.theberrypatchfinedon.com)

**Expression of Interest for a Nursery place**

Childs Name :

DOB:

Parent Name:

Parent email:

Contact phone number :

When would you like your child to start attending January, April or September ( funded children only )

……………………………………………………………………………………………………………………………………………….

What sessions would you prefer your child to attend:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Full day  7.30am-6pm | Half day morning  7.30am – 12 midday | Half short day  9am-12mid day | Full short day  9am-3pm | Half short day afternoon  12 midday – 3 pm | Half day afternoon  12-6pm |
| Mondays |  |  |  |  |  |  |
| Tuesdays |  |  |  |  |  |  |
| Wednesdays |  |  |  |  |  |  |
| Thursdays |  |  |  |  |  |  |
| Fridays |  |  |  |  |  |  |

If you require different to the above , please indicate what days, hours you need ……………………………

…………………………………………………………………………………………………………………………………………………………………………………

Please indicate if you would like a term time only place or all year round ………………………………………………………………………………………………………………………………….