**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 )

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What sessions would you prefer your child to attend:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Term time ( 38 weeks of the year when schools are open)** | **All year- 47.5 weeks** |
| **7.30am – 12 mid day** |  |  |  |  |  |  |  |
| **7.30am – 3pm** |  |  |  |  |  |  |  |
| **7.30am 6pm** |  |  |  |  |  |  |  |
| **9am – 12 Mid day** |  |  |  |  |  |  |  |
| **9 am – 3pm** |  |  |  |  |  |  |  |
| **9 am-6pm** |  |  |  |  |  |  |  |
| **12 mid day – 3pm** |  |  |  |  |  |  |  |
| **12 mid day – 6pm** |  |  |  |  |  |  |  |

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

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