

**Nursery Expression of Interest Form**

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| **Child Details** |
| Full Name: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |

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| **Parent/Guardian Details** |
|  | Parent 1 | Parent 2 |
| Title: |  |  |
| First Name: |  |  |
| LastName: |  |  |
| Relationshipto child: |  |  |
| Telephone: |  |  |
| Email: |  |  |

Currently, we are offering morning sessions only. However, to best accommodate everyone's needs, please share your preferred session times

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| **Nursery Sessions Preferred**   |
| Monday AM | Monday PM | Tuesday AM | Tuesday PM | Wednesday AM | Wednesday PM | Thursday AM | Thursday PM | Friday AM | Friday PM |
|  |  |  |  |  |  |  |  |  |  |

 If full day sessions were available would this be something you require:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Signature: |  | Date: |  |