

BEMPTON PRIMARY SCHOOL

NURSERY EXPRESSION OF INTEREST REQUEST



PERSONAL DETAILS																									
NAME OF CHILD																									
DATE OF BIRTH																									
MEDICAL INFORMATION																									
ADDRESS																									
POST CODE																									
TELEPHONE NUMBER																									
PREFERRED OPTION																									
PREFERRED START DATE This must be as a minimum the term after their third birthday	Please tick one option: SEPTEMBER – JANUARY - APRIL –																								
Sessions are offered in 3 hour blocks	Preferred Session times a.m. p.m. If you are flexible please tick both																								
Between 1 and 10 sessions may be requested (15 hours = 5 sessions) (30 hours = 10 sessions) Additional sessions charged at £6.00 per hour	Please indicate the days of sessions being requested, if you are flexible, please tick all that apply <table border="1"> <thead> <tr> <th>Tick</th> <th>Day</th> <th>Tick</th> <th>Day</th> </tr> </thead> <tbody> <tr> <td></td> <td>Monday a.m.</td> <td></td> <td>Monday p.m.</td> </tr> <tr> <td></td> <td>Tuesday a.m.</td> <td></td> <td>Tuesday p.m.</td> </tr> <tr> <td></td> <td>Wednesday a.m.</td> <td></td> <td>Wednesday p.m.</td> </tr> <tr> <td></td> <td>Thursday a.m.</td> <td></td> <td>Thursday p.m.</td> </tr> <tr> <td></td> <td>Friday a.m.</td> <td></td> <td>Friday p.m.</td> </tr> </tbody> </table>	Tick	Day	Tick	Day		Monday a.m.		Monday p.m.		Tuesday a.m.		Tuesday p.m.		Wednesday a.m.		Wednesday p.m.		Thursday a.m.		Thursday p.m.		Friday a.m.		Friday p.m.
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If your child is entitled to 30 hours Free Nursery Provision, evidence must be provided

Name of Parent:

Relationship to child:

Signature:

Date: