



Priorswood Nursery - Expression of Interest

Please note that this form is an expression of interest only, we will contact you regarding availability.

CHILD'S DETAILS

Child's Legal Surname: _____ Child's Forename(s): _____

Date of Birth: _____ Gender (please tick one): ☐ Male ☐ Female

SESSIONS REQUIRED

Preferred Start Date: _____ Type of Place (please tick one): ☐ 2 year old ☐ 3/4 year old

Please indicate your required pattern of attendance below:

	Monday	Tuesday	Wednesday	Thursday	Friday
9.00am-12.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12am-3.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.00am-3.00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT/CARER DETAILS

Full Name: _____ Relationship to Child: _____

Current Address: _____

Preferred Phone Number(s): _____

Email address: _____

DECLARATION & SIGNATURE

I understand that completing this form does not guarantee my child a place at the Nursery.

Parent/Carer Signature: _____

Parent/Carer Full Name: _____

Relationship to Child: _____

For office use only:

Date received: _____

Total Weekly Hours: _____

Place offered: _____

Total Funded Hours: _____