**Registration of Interest form**

Thank you for your interest in applying for a place for your child at Brabin’s Endowed Pre-school.

Please complete the details below for us to keep on file. We will be in touch prior to the required start date to discuss availability.

|  |  |  |
| --- | --- | --- |
| Date: |  | |
| Child’s full Name |  | |
| Date of Birth |  | |
| Parent/Carer’s names and addresses | Parent/carer 1 | Parent/carer 2 |
| Contact phone numbers |  |  |
| Email address |  |  |

Preferred start date

Preferred sessions (tick required boxes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| Morning session  8:55am – 11:55am |  |  |  |  |  |
| Lunch  11:55am - 2:15pm |  |  |  |  |  |
| Afternoon session  12.15pm – 3.15pm |  |  |  |  |  |

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Privacy notice attached