

 Expression of Interest

**Details of child** (Please use BLOCK Capitals)

First Name: DOB:

**Details of parent/carer**

First Name: Surname:

Telephone no: Email:

**Sessions Required**

Preferred start date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full day8am – 6pm |  |  |  |  |  |
| Morning8am – 1pm |  |  |  |  |  |
| Afternoon1pm – 6pm |  |  |  |  |  |
| Pre-School09:00 -12:00 |  |  |  |  |  |
| Pre-School13:00 – 16:00 |  |  |  |  |  |

\*Please note that there is a minimum requirement of 2 sessions per week

**How did you hear about Roberts Day Nursery?**