



Expression of Interest

Child's full name:			
Known at home as:			
D.O.B.	Sex: M/F	Religion:	Ethnic Origin:
Child's home address:		Parent/Carer homes address (if different):	
Contact telephone numbers: (please indicate which number we should ring first)			
Home:			
Work:			
Mobile:			

Preferred start date: _____

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Full day: 9:00 am – 3:00 pm					
Morning: 9:00 am – 12:00 pm					
Afternoon: 12:00 pm – 3:00 pm					

Signature:

Date: