

HUISH NURSERIES EXPRESSION OF INTEREST FORM

Please complete the form below to give us a more accurate picture of your potential requirements.

Return to the Nursery Office or email to huishnurseries@huish.education

| Setting of choice (Please c | ircle) Lyngford Pa | ark Nerro | ls | North | Curry | North Town | |
|---|---------------------|-----------|------|-------------|----------|------------|--|
| PERSONAL DETAILS CHILD | D A CHILD B | | | | | | |
| | | | | | | | |
| First Name of Child | | | | | | | |
| Last Name of Child | | | | | | | |
| Last Name of Child | | | | | | | |
| Age of Child | | | | | | | |
| | | | | | | | |
| Date of Birth | | | | | | | |
| | | | | | | | |
| Name(s) of Parent/Carer | | | | | | | |
| Home Address | | | | | | | |
| Home Address | | | | | | | |
| | | | | | | | |
| | | | | | Postcode | | |
| | | | | | | | |
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| Telephone Numbers: Hor | me | | | Mobile | | | |
| Email Address: | | | | | | | |
| | | | | | | | |
| Preferred start date: | | | | | | | |
| | | | | | | | |
| SESSIONS (Please indicate your | preferred sessions) | | | | | | |
| | MONI | THE | \A/F | DC. | TUUDC | EDI | |
| | MON | TUES | WE | DS | THURS | FRI | |
| Full Day (08.00 – 18.00) | | | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| Morning only (08.00 - 13.00) | | | | | | | |
| | | | | | | | |
| Afternoon only (13.00 – 18.00) | | | | | | | |
| | | | | | | | |
| Afternoon only (13.00 – 16,30) * | | | | | | | |

^{*}This session is only available at North Town Nursery and Nerrols Nursery and will be a PAID session only, funded hours cannot be claimed.