



Expression of Interest Form

By providing consent you are aware and agreeing that your data can be held by the school in line with the General Data Protection Regulations for the purpose of administering these pre-school sessions.

Childs full name:	Date of Birth:
Male/Female:	

Persons with parental responsibility:

Name	Name
Relationship to child.....	Relationship to child.....
Address.....	Address.....
.....
Postcode.....	Postcode.....
Home Tel.....	Home Tel.....
Work no.....	Work no.....
Mobile.....	Mobile.....
Email.....	Email.....

I/We would like _____ to start attending at this setting as soon as possible;
or from _____ (date)

We would like our child to attend the following days/sessions;

Monday am/pm; Tuesday am/pm; Wednesday am/pm; Thursday am/pm; Friday am/pm

If we find we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

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