



HARPOLE PRE-SCHOOL
Register of Interest Form

Childs Name:..... DOB:

Parents Name:

Address:

.....

Contact Telephone Number:.....

Email Address:.....

How many sessions a week do you require:.....

Do you have a preference on days you wish your child to attend if, so please state here
.....

Which intake would you like your child to be part of?
(Please note if you wish your child to start after the September intake we cannot guarantee a place will be available. If Pre-School becomes full we will try to give you 4 weeks' notice to make alternative arrangements)

SEPTEMBER 2016 JANUARY 2017 MARCH 2017

Declaration:
I would like my child to be placed on the register of interest and I/we are aware that sessions are not guaranteed until written notification from the Pre-School.

Signed: Date: