



North Nibley Pre-school – Interest Form

Please use block capitals

Child's Name: Child's D.O.B:

Parents Names:

Address:.....

.....

..... Post Code:

Contact Number:

Email Address:

Sessions required (please tick):

Monday	Tuesday	Wednesday	Thursday	Friday
9.00-1.00	9.00-1.00	9.00-1.00	9.00-1.00	9.00-1.00
N/A	1.00-3.30	1.00-3.30	1.00-3.30	1.00-3.30
N/A	9.00-3.30	9.00-3.30	9.00-3.30	9.00-3.30

Required Start Date:

Where did you hear about us?

.....

.....

.....

Please complete and return, via email, to northnibleypreschool@hotmail.co.uk