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**Wellesley Park Preschool**

**Expression of Interest Form**

Thank you for expressing an interest in a place at Wellesley Park Preschool. Our aim to provide a fair system for all and we will try to accommodate your preferences, although this is dependent upon the number of applications received and the number of place available at the time.

Please complete both pages of this form so that we have sufficient information to contact you and return to: Wellesley Park Preschool, Homefield, Wellington, Somerset, TA21 9AJ or wppreschool@educ.somerset.gov.uk

**Child’s details**

|  |  |
| --- | --- |
| **Forename(s):** |  |
| **Surname:** |  |
| **Date of birth:** |  |
| **Age:**  |  **years and months** |
| **Gender:** |  |
| **Preferred start date:** |  |

**Please tick below the days and session that you would ideally like your child to attend.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 9am-12pm |  | 9am-12pm |  | 9am-12pm |  | 9am-12pm |  | 9am-12pm |  |
| 12pm-3pm |  | 12pm-3pm |  | 12pm-3pm |  | 12pm-3pm |  | 12pm-3pm |  |
| All day |  | All day |  | All day |  | All day |  | All day |  |

**PTO.**

**Contact Details**

|  |  |
| --- | --- |
| **Title:** |  |
| **Forename:** |  |
| **Surname:** |  |
| **Relationship to child:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email:**  |  |

**Declaration**

I understand that completing this form does not guarantee my child a place within Wellesley Park Pre-School.

Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***For Office use only:***Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Weekly hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Funded hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |