**Note of Interest**

**Child’s Details**

|  |
| --- |
| Child’s Name: |
| Date of Birth: | Male 🞏 Female 🞏 |

**Parent/Carer Details**

|  |  |
| --- | --- |
| Name: | Delete as appropriate Mrs/Miss/Ms/Mr |
| Address:Postcode: |  |
|  |
|  |
|  |
| Telephone Number: |  |
| Email Address: |  |

**Sessions Interested in Booking Start Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time |  | 9.00 – 12.00 |  | 12.00 – 15.00 |
| Day |  | 3 hourMorning session |  | 3 hourAfternoon session |
|  Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

**Does the child have a sibling already in school Yes / No (delete)**

**Name of sibling……………………………………………………………**

**Signed Parent/Carer……………………………………………..Date……………………………….**