**Register of Interest Form**

Please use this form to provide us with your interest in a pre-school place and the sessions you would like your child to attend and return to the school office.

|  |  |
| --- | --- |
| Name of child: |  |
| Date of Birth: |  |
| Parent’s Name: |  |
| Address: |  |
| Email: |  |
| Contact number: |  |

**Please indicate your preferred sessions.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **9.15-12.15** |  |  |  |  |  |
| **12.15-13.15** |  |  |  |  |  |
| **13.15-15.15** |  |  |  |  |  |

**Please note that due to ratios we may not be able to fulfil all your requests**

**but we will confirm the sessions allocated in writing as soon as possible.**

Kind Regards,

Chris Cacchione

Woodhouse Pre-School Manager