

Register of Interest Form



Child's details

Child's full name: First name: _____ Family name: _____

Child's date of birth _____ Gender: Male or Female

Childcare required

Suggested Start Date: _____

Please select the sessions you would like your child to attend by ticking the chart below:

Childcare required	Monday	Tuesday	Wednesday	Thursday	Friday
Am 8:00 – 1:00pm					
Funded AM session 9am-12pm					
Lunch hour 12-1pm					
Pm 1:30pm – 6pm					
Funded PM session 1:30-4:30pm					
Tea session 4:30-6pm					
Full time Monday to Friday between 8am and 6pm					

Only children eligible for funding (3-4 year olds and some 2 year olds) can access the sessions in bold.

Child's Individual Needs

In order to assist us with assigning your child to the appropriate staff member should your application be successful please select all boxes that apply to your child. Please note that selecting any of the boxes below will not impact on your application.

My child may have/has been diagnosed with:

Special Educational Needs (SEN)

English as an Additional Language (EAL)

Behavioural Difficulties

Contact Details

Parent 1: Title _____ Forename _____ Family Name _____

Address: _____ Postcode _____

Email Address: _____

Contact Number: _____

Parent 2: Title _____ Forename _____ Family Name _____

Address: _____ Postcode _____

Email Address: _____

Contact Number: _____

University Status

What is your University Status? (Please circle the relevant status) Student or Staff

Course or Job title _____

University Staff: (Please circle the relevant status) Permanent or Fixed Term

If Fixed Term please supply an End Date _____

Student: Student No _____

Course Start Date: _____ Course End Date: _____

Contract Type (students only)

Please select which contract you would prefer:

Term Time Only contract (as per the nursery operating calendar)

Full Year contract (excludes closure days and bank holidays)

Note: only University Students can access a Term Time Only contract.

Please return this form to: Enquiries at Little Learners, PO Box 230 Whiteknights Reading RG6 6AZ.

Date received in office: _____ Building tour date: _____