**EXPRESSION OF INTEREST FORM**

Please fill out this form and return to [hello@blossomtreenursery.com](mailto:hello@blossomtreenursery.com)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s First Name** | |  | | | **Child’s Surname** | |  |
| **Child’s Date of birth** | |  | | | | **School Year** |  |
| **Child’s Gender** | | **Female** | |  | | **Male** |  |
| **Parent/Guardian Name** | | |  | | | | |
| **Child’s Home Address** | | | | | | | |
|  | | | | | | | |
| **Phone Number** |  | | | | | | |
| **Email** |  | | | | | | |

**Please indicate below which sessions you would like your child to attend**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days/Times Required** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AFTER SCHOOL CLUB**  Canolfan Beulah Hall |  | | | | |
| Pick up from Rhiwbeina School  ***(Term Time only)*** |  |  |  |  |  |
| Pick up from Ysgol Y Wern  ***(Term Time only)*** |  |  |  |  |  |
| **BREAKFAST CLUB**  Drop off to Rhiwbeina School  ***(Term Time only)*** |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How did you hear about us?** | |  | | |
| **Additional Information** | |  | | |
| **Start date required** | |  | | |
| **Signature** |  | | **Date** |  |