



63A HIGH STREET, LAVENDON, OLNEY, BUCKS, MK46 4HA

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admissions@lavendonpreschool.org.uk

www.lavendonpreschool.org.uk

Registered charity 1152573



Expression of Interest

By completing this form, your child will be allocated the requested sessions. If sessions are full you will be offered alternative sessions or placed on our waiting list.

Name of Child Date of Birth

Name(s) and address(es) of parent(s) making the application:

Name:
Address:
Tel:
Email:

I am interested in my child attending Lavendon Pavilion Pre-School from _____ (date)

I understand that you will contact me on receipt of this form and my £10 registration fee to confirm my child's place. Cheques (payable /Cash

I shall advise as soon as possible if I no longer need the place.

I am interested in the following sessions;

	Morning	tick	afternoon	tick	All day	tick
Monday	9.00 - 12.00		12.00 - 15.00		9.00 - 15.00	
Tuesday	9.00 - 12.00		12.00 - 15.00		9.00 - 15.00	
Wednesday	9.00 - 12.00		12.00 - 15.00		9.00 - 15.00	
Thursday	9.00 - 12.00		12.00 - 15.00		9.00 - 15.00	
Friday	9.00 - 12.00		12.00 - 15.00		9.00 - 15.00	

Signature of parent(s)/ carer(s):