



St Thomas Centre Nursery School

Show of Interest

Date Received	
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1. Child Details

Forename		Middle Name		Surname	
Preferred Forename		Date of Birth		Male	
				Female	
Current Home Address		Post Code			
Child Lives With	Name		Relationship to Child		

2. Main Contact

Contacts			
Priority Contact 1	Name		Relationship to child
	Mr/Ms/Miss/Mrs		
	Address		
	Post Code		
Telephones Numbers			
Home Mobile		Home Other	
		Work Other	
Email Address			
Home Email		Home Other	
Work Email		Work Other	

3. Place Required (all places are subject to availability)

Preferred Start Date:	
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Beginning of the week 15 hours	Monday	Tuesday	Wednesday	Tick preference
	8:45 – 3.00	8:45 – 3.00	8:45 – 11:15	
End of the week 15 hours	Wednesday	Thursday	Friday	
	12:30 – 3:00	8:45 – 3.00	8:45 – 3.00	
30 hours	Monday to Friday		8:45 – 3.00	

15 hours 2-year-old -Funding	15 hours 3-year-old -Funding	30 hours 3-year-old -Funding
Code:		Code:

Fee Paying Session Request / Top-up Sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club	8:00 – 8.45	8:00 – 8.45	8:00 – 8.45	8:00 – 8.45	8:00 – 8.45
After School Club	3.00 – 4.30	3.00 – 4.30	3.00 – 4.30	3.00 – 4.30	3.00 – 4.30
School Day	FULL DAY	FULL DAY	AM	PM	FULL DAY

4. Additional Information Required

St Thomas Centre					
Have you attended any of the following at St Thomas Centre?					
Stay & Play	Yes	No	Family Team	Yes	No
Training Course	Yes	No	Maternity Service	Yes	No
Other...					

5. Previous Childcare Experience

Previous School / Childcare Provision					
1	Name			Contact Person	Telephone Number
Start Date		Leave Date		Reason for Leaving	

Previous School / Childcare Provision					
2	Name			Contact Person	Telephone Number
Start Date		Leave Date		Reason for Leaving	

6. Other Information

Other Information			
Please provided as much detail as possible.			
Childs medical conditions	Yes	No	
Additional Needs	Yes	No	
Allergies	Yes	No	
Other Information	Yes	No	
Do you have any concerns about your child?	Yes	No	

Professionals Involved			
Name & Contact Details			
Health Visitor	Yes	No	
Family Support Worker	Yes	No	
Social Worker	Yes	No	
Speech Therapy	Yes	No	
Other	Yes	No	
I give consent for the nursery to contact the professionals listed above about my child using the contact details provided.	Yes	No	

Office Use			
Place Offered		Start Date	
Notes/Communication			