St Ives Infant School



Trenwith Burrows

St Ives

Cornwall

TR26 1DH

Tel: 01736 796628 Fax: 01736 797496

Email: secretary@st-ives-inf.cornwall.sch.uk

**Expression of Interest for Nursery**

 Surname of child:…………………………………….………………. Date of Birth……………………….

 Christian name/s of child: …………………………………………………………………..…………………………..

Home address (address at which child is usually resident during the school week)

…………………………………………………………………………………………………..……….……………………………

 ……………………………………………………………………………………………………………………………………….

 Postcode…………………………….... Telephone number:………………..………………………….

 Full name of Mother/Father/Legal Carer: ………………………………………………...……………………

Mrs/Ms/Mr/other: ……………………………………………

 Full name and home address of parent if different from the above

………………………………………………………………………………….. Postcode………………………..............

Is this application for a child in public care? YES / NO

I am interested in the following times:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Lunch** | **Afternoon** |
| **Monday**  | 8.45 – 11.45 | 11.45 – 12.30 | 12.30 – 3.30 |
| **Tuesday**  | 8.45 – 11.45 | 11.45 – 12.30 | 12.30 – 3.30 |
| **Wednesday**  | 8.45 – 11.45 | 11.45 – 12.30 | 12.30 – 3.30 |
| **Thursday**  | 8.45 – 11.45 | 11.45 – 12.30 | 12.30 – 3.30 |
| **Friday**  | 8.45 – 11.45 | 11.45 – 12.30 | 12.30 – 3.30 |

Signed……………………………………………….………………………………… Date……………...…