Please circle: **Brockhurst Avery Grange Rowner Elson Leesland**

Parent/Carers name ……………………………………………………..........…Child’s full name …....…………………..................................................................

Date of Birth …………………………………………………………...... E-mail ………………………………………..…………………………………………

Contact No …………………………………………………………………………….Requested start date ………………………………………………………...

Please circle: **Unfunded** **/** **Funded 2yrs 3yrs 30hrs** Funding Number If applicable …………….…………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| **Please circle times** | Drop off times | Collection times | hours attending |
| Monday | 8.30 9.00 9.30 11.30 12.00 12.30 1.00 | 11.30 12.00 12.30 1.00 2.00 2.30 3.00 3.30 |  |
| Tuesday | 8.30 9.00 9.30 11.30 12.00 12.30 1.00 | 11.30 12.00 12.30 1.00 2.00 2.30 3.00 3.30 |  |
| Wednesday | 8.30 9.00 9.30 11.30 12.00 12.30 1.00 | 11.30 12.00 12.30 1.00 2.00 2.30 3.00 3.30 |  |
| Thursday | 8.30 9.00 9.30 11.30 12.00 12.30 1.00 | 11.30 12.00 12.30 1.00 2.00 2.30 3.00 3.30 |  |
| Friday | 8.30 9.00 9.30 11.30 12.00 12.30 1.00 | 11.30 12.00 12.30 1.00 2.00 2.30 3.00 3.30 |  |

Children must attend for a minimum of 2.5 hours and can stay for a maximum of 7 hours per day. If your child will be joining us for lunch, you will need to send in a lunch box which is offered between 12.00 – 13.00

We will endeavour to meet your requirements where possible.

Please return application to join request to email address [contact@gatewaypreschools.org](mailto:contact@gatewaypreschools.org)