

Expression of Interest Form



Child's Full Name:			
Date of Birth:		Age:	
Address including postcode:			
Parent/Carer Details & Contact Tel No:			
2. Parent/Carer Details & Contact Tel No:			
Contact Email Address:			
Requested Start Date:			
Is your child subject to an adoption or childcare arrangement under the local authority?	YES/NO		
Does your child have an EHCP?	YES/NO		
Are you a staff member?	YES/NO – if YES, please state the name of the staf	f membe	r
Does your child have a sibling at Newhall Primary Academy and Nursery?	YES/NO If YES please state the name and class of	the siblin	9
Has your child been allocated a space in Reception from the following September?	YES/NO		
Are you flexible with the sessions indicated below? For example, will you	YES/NO		
accept less sessions and/or different sessions?			

SESSIONS REQUIRED								
Please indicate below the sessions you would like by ticking the relevant boxes.								
Times	Monday	Tuesday	Wednesda y	Thursday	Friday			
Morning Session (5 hours) 8am-1pm (51 weeks a year)								
Morning Session (3 hours Term Time Only) 9am – 12pm These are not offered in our Blossom Room								
Afternoon Session (5 hours) 1pm-6pm (51 weeks a year)								
Afternoon Session (3 hours Term Time Only) 12pm- 3pm These are not offered in our Blossom room								
Long Full Day (10 hours) 8am – 6pm (51 weeks a year)								
Short Full Day (6 hours Term Time Only) These are not offered in our Blossom Room								

tional Notes/ Diary of conversations / Offers:	

Please return the Expression of Interest Form to Newhall Nursery, Roundhouse Way, Harlow, Essex CM17 9SF or email to nursery@newhallacademy.org.