



# EXPRESSION OF INTEREST

## For Mr Bee's -St Augustine's

Toddler  Pre-School

Date placed on waiting list ..... School /Intended School.....

Name of child/ren:	DOB	Gender (F/M)
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....

Parent/carer: Name .....

Address .....

..... Post Code.....

Phone No. Home ..... Mobile: ..... Work .....

Email address:.....

Requirements	Times Required	H/Lunch	Sandwich	Lunch	Packed	Old/Infants	Two Year	3 year old	Other	Fee/only	Intended Start Date
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											

Welcome pack given  Date ..... Forms Returned  Date .....

Are any other children in the family attending Mr Bee's? Yes  No

If yes please give names.....

How did you find out about Mr. Bees:

- Word of Mouth
- Internet
- Newspaper

- Banner
- Leaflets
- Van

- Open Day
- Other: