

Buckland Nursery - Expression of Interest Form

Child's Name:	
Child's Date of Birth:	

Parent/Carer name:	
Address Line 1: Line 2:	
Town:	
Postcode:	
Home number:	
Mobile:	
Email address:	
Current childcare provision:	

Please indicate if your child has a sibling currently attending Buckland School
YES/NO

Sibling's Name:	
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Nursery Hours

I am interested in a (please tick appropriate box):

15 hour place (9am-12pm, term time only)

30 hour place* (9am-3pm, term time only)



Small school, big hearts.
Wise, Responsible and Kind
like the Good Samaritan.

* for details on whether you qualify for a 30 hour place please visit www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-olds

Any additional information:

Signature:

Date:

Name:

Please return the completed form to:

Email: office@buc.cambrianlt.org

Post: Buckland Nursery, Summerside, Buckland, Faringdon, Oxfordshire, SN7 8RB