



EXPRESSION OF INTEREST

For Mr Bee's - North Lynn

Baby Toddler Pre-School After 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	Hit/Lurch	Sandwich	Lunch	Rocker	Old/Friend	Two/Year	3 year old friends	Other	Feeding 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:

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Banner | <input type="checkbox"/> Open Day |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Leaflets | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Van | _____ |