

**2025-2026**

**Saplings Rural Day Nursery**

 **Register of interest**

Child’s name …………………………………………….

Address ……………………………………………………

………………………………………………………………..

………………………………………………………………..

Date of birth …………………………………… Gender …………………………….

Which room would you be enrolling in:

Under 2’s 2 year old 3 year old

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|    | Monday    | Tuesday   | Wednesday    | Thursday    | Friday   |
| Days requested include specific  hours e.g. 8.00-18.00, 9.00-15.00    |    |   |   |    |    |

When would you like to start…………………………………….

Parent 1 Name:………………………………………………………

Phone Number:……………………………………………………...

Email address:……………………………………………………….

Parent 2 Name:……………………………………………………….

Phone Number:………………………………………………………

Email address:……………………………………………………….