

HOLMWOOD NURSERY

KENSINGTON DRIVE
GREAT HOLM
MILTON KEYNES
MK8 9AB

01908 260596

REGISTER OF INTEREST

(This request does not guarantee a place)

Child's Surname: First Name:

Preferred Name: Middle Name(s):

Name as shown on birth certificate (if different):

Date of birth: Sex: Male / Female (please delete)

Address:.....

.....

Post Code: Home Phone Number:

Mother's Name: Mrs/ Miss/Ms

Daytime telephone number:

Mobile number (where applicable):

Email address:.....

Father's Name:

Daytime telephone number:

Mobile number (where applicable):

Email address.....

If possible I would like the following place for my child:

Morning sessions: (8.30-11.30am)

Monday	Tuesday	Wednesday	Thursday	Friday