

UWPF Pre-School Booking Form

| Name: | | |
|---------------|--|--|
| Address: | | |
| | | |
| Tel: | | |
| Email: | | |
| | | |
| Child's name: | | |
| DOB: | | |
| | | |

I am would like to send my child to UWPF Pre-school in September 2021.

Proposed days/times I would require:

| | Mon | Tues | Weds | Thurs | Fri |
|--------------|-----|------|------|-------|-----|
| Please state | | | | | |
| how many | | | | | |
| hours you | | | | | |
| would need | | | | | |
| on each day. | | | | | |
| | | | | | |
| Please note | | | | | |
| provision | | | | | |
| would be | | | | | |
| available | | | | | |
| from 7:45am | | | | | |
| to 6:00pm. | | | | | |
| Funded hours | | | | | |
| can be used | | | | | |
| 9:00am – | | | | | |
| 3:30pm. | | | | | |

Please return booking form to fbm@uwpf.n-yorks.sch.uk