



152 Fen Street, Brooklands, Milton Keynes MK10 7EU
Telephone 01908 760081
Email office@brooklandsfarm.milton-keynes.sch.uk

Preference Form for Nursery place

Child's Name _____ DOB ____/____/____ Gender: **M / F** (Please Circle)

Session Times

Please tick below to indicate your preferred session times

	Times	Choose either Morning or Afternoon sessions for your Statutory 15 hours allowance
Morning Sessions- 5x3 hours	8:30am-11:30am	
Afternoon Sessions- 5x3 hours	12:30pm-3.30pm	

Is your child in care of the Local Authority? Yes / No (Please circle)

Has your child any medical needs? Yes / No (Please circle)

If Yes Please give details:

Sibling (older Brother or Sister) already attending Brooklands Farm Nursery/School ☐

Name of Sibling _____ Year Group _____

Address & Postcode _____

Telephone Number _____

Email Address _____

Signed _____ Print Name _____ Date ____/____/____