



Expression of Interest Form

Early Years (2 Year Old)

Morning Sessions 8:45am–11:45am Afternoon sessions 12:15pm-3:15pm

Please complete and return to the school office.

Childs Full Name:

Child's Date of Birth MALE FEMALE (please circle)

Child's Permanent Address

..... Postcode

Parent/Carers full name:

Do you have legal guardianship? YES NO If not who does?

Contact Number Email

Child's First Language Child's ethnicity

Name of Health VisitorName of Social Worker

Has your child had any Pre-school/Nursery/Childminder experience? YES NO

If yes, where?

Do you think you be entitled to 2 Year Funding*? YES NO

** we will need to see your funding letter once approved.*

Will you be paying for your sessions? YES NO

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 8:45–11:45am					
PM 12:15–3:15pm					

Please give any other information you feel is necessary we are aware of:

Your name: Signature

Date:

Early Years Expression of Interest

For office use only

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