



EXPRESSION OF INTEREST EARLY YEARS (2 YEAR OLD)

CHILD'S PERSONAL INFORMATION

FULL NAME	
DATE OF BIRTH	
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PERMANENT ADDRESS	
POSTCODE	
FIRST LANGUAGE	
ETHNICITY	

PARENT/CARER INFORMATION

PARENT/CARERS FULL NAME	
DO YOU HAVE LEGAL GUARDIANSHIP?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, WHO DOES?	
CONTACT NUMBER	
EMAIL ADDRESS	
NAME OF HEALTH VISITOR	
NAME OF SOCIAL WORKER	

HAS YOUR CHILD HAD ANY PRE-SCHOOL/NURSERY/CHILDMINDER EXPERIENCE?

YES NO

IF YES, WHERE? _____

WILL YOU BE PAYING YOUR FEES PRIVATELY OR THROUGH FUNDING?

PRIVATELY FUNDING 15HRS



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FUNDING AND PAYMENTS

Your 2 year old could be eligible for 15 hours funding (online via Government website).

Apply here: <https://www.gov.uk/help-with-childcare-costs/free-childcare-2-year-olds>

DO YOU HAVE A FUNDING CODE ALREADY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT IS THE CODE?	
ARE YOU INTERESTED IN THE WRAPAROUND CARE?	<input type="checkbox"/> EARLY RISERS TOAST CLUB <input type="checkbox"/> SWASHBUCKLERS CLUB

WHAT DAYS/HOURS DO YOU WANT YOUR CHILD TO ATTEND?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM 8:45 - 11:45					
LUNCH 11:45 - 12:15					
PM 11:45 - 2:45	11:45	11:45	11:45	11:45	11:45
OR 12:15 - 3:15	12:15	12:15	12:15	12:15	12:15
EXTENSION 2:45 - 3:15					
FULL DAY 08:45 - 3:15					

ANY OTHER INFORMATION YOU FEEL WE SHOULD BE AWARE OF?

YOUR NAME	
SIGNATURE	
DATE	