



Expression of Interest Form Early Years (2 Year Old)

Please complete and return to the school office.

Child's 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 Visitor Name 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

If eligible for Funding are you interested in paying for afternoon sessions? YES NO

If "YES" which afternoons? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

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

Date	Action	Comments

