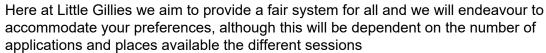
Expression of Interest Form



Therefore, we are unable to guarantee your child a place and it may not always be possible to match your attendance requests.

Please complete the form below and click on the send button and we will be in touch. If you would prefer to download and print off a copy, please complete in BLOCK CAPITALS and return to the address on the bottom of the form. (Please inform us if any of the following details change in the future)

Section 1 - CHILD'S DETAILS

Child's First Name
Child's Middle Name(s)
Date of Birth
Male/Female
Child's Home Address

Childs' Surname

Section 2 - PARENT/GUARDIAN DETAILS

Parent 1

Title

Surname

First Name

Relationship to Child

Home Tel No

Mobile Tel No

Work Tel No

Parent-2		
Title		
Surname		
First name		
Relationship to Child		
Home Tel No		
Mobile Tel No		
Work Tel No		
Address (if different to child's address)		
Section 3 - SESSION PREFERENCE		
Preferred start date year:		
Preferred term in which to start:	Autumn (Sep - Dec)	
	Spring (Jan - Mar)	
Specific start date:	Summer (Apr - Jul)	
I/we will be applying for funded early education & childcare for 2 year olds (A link to the Norfolk.gov website can be found below this form)		
YES		
NO		

Please tick below the days and sessions that you would ideally like your child to attend - please note that at Little Gillies we recommend initially children attend a minimum of two sessions per week (6 hours).

Day	Morning session 09:00am - 12:00noon	Afternoon session 12noon - 3:00pm	
Monday			
Tuesday			
Wednseday			
Thursday			
Friday			
Section 4 - Gene	ral Information		
Is there any other information that you feel may assist, including details of any support the child may be receiving (for example for educational, behavioral or emotional issues)?			
Section F. Doole	ration and Cianatura of Daront	Cuardian	
I certify that:	ration and Signature of Parent	/Guarulari	
-	th narental responsibility for the c	hild named above and we reside at the address	
provided	ar parental responsibility for the c	Third Harried above and we reside at the address	
The information I have given is true to the best of my knowledge			
I will notify Little Gillies of any changes to the details above			
Name of person completing this form:			
Date:			

By submitting this form you agreed to the declaration above

Send your completed form to: Little Gillies, Polka Road, Wells-next-the-Sea, Norfolk, NR23 1JG