

Expression of Interest Form



Here at Little Gillies we aim to provide a fair system for all and we will endeavour to accommodate your preferences, although this will be dependent on the number of applications and places available the different sessions

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

Childs' Surname

Child's First Name

Child's Middle Name(s)

Date of Birth

Male/Female

Child's Home Address

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		
Wednesday		
Thursday		
Friday		

Section 4 - General 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 5 - Declaration and Signature of Parent/Guardian

I certify that:

I am the person with parental responsibility for the child named above and we reside at the address provided

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