


LITTLE EAGLES EXPRESSION OF INTEREST FORM					
Full Name of Child:			Date of Birth:		
Name of Parent/Carer:			Telephone Number:		
Home Address:			Post Code:		
Email Address:					
I am interested in sessions on:					
Monday	Tuesday	Wednesday	Thursday	Friday	
9-12	9-12	9-12	9-12	9-12	
12-3	12-3	12-3	12-3	12-3	
I will be in receipt of 15 hours funded provision starting from the term after their 2 <sup>nd</sup> birthday.					Y / N
I will be in receipt of 15 hours funded provision starting from the term after their 3 <sup>rd</sup> birthday.					Y / N
I will be in receipt of 30 hours funded provision ( <a href="http://www.childcarechoice.gov.uk">www.childcarechoice.gov.uk</a> ).					Y / N
I wish to apply for paid sessions and/or to secure additional paid sessions.					Y / N
Is this child 'Looked After'? Y / N			Do you have siblings at Little Eagles? Y / N		
Does your child have additional needs? Y / N			Do you have siblings at Eagle School? Y / N		
Will Little Eagles be the only provider? Y / N			If no, please state additional provider: .....		
Any other information					
Signed:..... (parent/carer)					
Date:.....					