

**LITTLE FOREST FRIENDS PRE-SCHOOL  
WAITING LIST FORM**

If you would like your child to be added to our waiting list for a future place, please complete the form below.

Child's full name: .....

Child's D.O.B. ....

Date you would like your child to start with us: .....

My Child will be: Funded Two Year Old / Non funded Two Year old / Funded Three or Four Year Old / Non Funded Three or Four Year Old (delete as appropriate). **Government funding will commence the term after your child's third birthday unless you qualify for 2 year old funding.**

Number of funded Universal hours (15 hours) you wish to claim: .....

Number of funded Extended hours (30 hours) you wish to claim at Little Forest Friends Pre-School:

.....

Please indicate the sessions you would like your child to attend

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9am-12pm					
Afternoon 12pm-3pm					

I am / will be claiming the following Universal / Extended hours with another provider.

Name of provider:.....

Address: .....

If your child attends a second provider, you are responsible for ensuring claims between both providers do not exceed 15 hours or 30 hours (if you are eligible for Extended Funding).

Parents Legal Forename and Surname: .....

Address: .....

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Contact number: .....

Email address: .....

Office use only Date form received:
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