|  |  |  |
| --- | --- | --- |
| **Name of Child** |  | **Date of Birth** |
| **DOB of child** |  | |
| **Contact Name** |  | |
| **Contact Number** |  | |
| **Contact Email** |  | |
| **Address of Child** |  | |

**Nursery Expression of Interest**

**Which aspect are you interested in?**

(Please tick)

|  |  |
| --- | --- |
| **Are you eligible for Think2 15hrs free childcare?**  (please check eligibility criteria) |  |
| **Are you eligible for working parents 2yr old 15hrs free childcare?**  (please check eligibility criteria) |  |
| **Do you want fee paying child care for a 2-year-old?** |  |
| **Do you want 3-4 year olds 15hrs free childcare?**  (Child eligible the term after their 3rd birthday) |  |