|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

**Early Years Inclusion Funding**

**I agree for my child’s details to be shared with the Local Authority for the purpose of an application for Early Years Inclusion Funding.**

**Child’s name…. …………………………………………..**

**Date of Birth …………………..**

**Signature of Parent/Carer ……………………………………………..**

**Date ………………………**