



EARLY YEARS ENTITLEMENT EYE3				
AMENDMENT FORM				
Setting Name:			Setting Postcode:	
This form should only be form	used if details <u>c</u>	annot be an	nended on the summar	y headcount
Surname:				
First Name:				
Date of Birth:			_	
Details of change				
Signature missing: Please state hours claimed here and sign below				
Increase in hours: Give details with date/s of change, additional hours or weeks claimed				
Decrease in hours/child left: Give details with date/s of change, reduced hours or weeks claimed				
Provider – state if you are directly transferring funding to another provider				
Change of address: State full new address including postcode				
Other Change: Provide full details				
Parent/Carer Signature:				

Return SECURELY to: Kate Lamb, Finance Officer, Early Years and Exten<mark>ded</mark> Services, Bath and North East Somerset Council, Lewis House, Manvers Street, Bath, BA1 1JG