 **Westfield Nursery School**

 **Waiting List Form**

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| **Date Form Completed:** |
| **Childs Name:** | **Male:****Female:**   | **Date of birth:** |
| **Address:** |
| **Telephone Number:** |
| **Parent/Carers Name:** |
| **Parent/Carers Name** |
| **Email address:** |

|  |  |
| --- | --- |
| **Requested Days** | **2 Year old class** **15 hours** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

 [Help with childcare costs | Central Bedfordshire Council](https://www.centralbedfordshire.gov.uk/info/12/childcare/115/help_with_childcare_costs)

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| **Do you require a funded or paying space?** |
| **Funded** |  | **Paying** |  |
| **Have you applied for funding?** |
| **Yes** |  | **No** |  |

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| **Do you require a funded or paying space?** |
| **Funded** |  | **Paying** |  |
| **Have you applied for funding?** |
| **Yes** |  | **No** |  |

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| **Days** |  **3 Year old class** **15 Hours** | **3 Year old class** **30 Hours** |
| **Monday - Friday** |  |  |

[Childcare Choices | 30 Hours Free Childcare, Tax-Free Childcare and More | Help with Costs | GOV.UK](https://www.childcarechoices.gov.uk/)

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| **Does your child have any additional needs or disabilities?** | **Yes** |  | **No** |  |
| **If yes, please give details below, including agencies involves in support: (social care, medical support)** |
| **Is there any other information you think we need to know?** |

**PLEASE PROVIDE A COPY OF YOUR CHILDS BIRTH CERTIFICATE WITH THIS FORM**

**Office Use Only**

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| --- | --- |
| **Date** | **Contact** |
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