A picture containing diagram

Description automatically generated **Westfield Nursery School**

**Waiting List Form**

|  |
| --- |
| **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)

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

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

|  |  |  |
| --- | --- | --- |
| **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/)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

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