

Westfield Nursery School

Waiting List Form – Term Time Only

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

Days 2 Year old class – 15 hours – 3 hours per day -		Do you require a funded or paying space?			
	AM only	Funded	Paying		
Monday - Friday		Have you applied for funding?			
		Yes	No		
Help with childcare of	osts Central Bedfordshire Council				

Code eligibility	Working	Not Working	
	Working Code		Not Working Code

Days	Days 3 Year old class 3 Year old class 15 Hours 30 Hours		Do you require a funded or paying space?		
			Funded	Paying	
Monday - Friday			Have you applie	d for funding?	
Childcare Choices	30 Hours Free Child	care, Tax-Free	Yes	No	
hildcare and More	Help with Costs	GOV.UK			
			30 Hour Code		

Does your child have any additional needs or disabilities?	Yes	No	
If yes, please give details below, including agencies involves in supp	ort: (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