**Westfield Nursery School**

**Waiting List Form**

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| --- | --- | --- | --- | --- |
| Child’s Name: | Male  Female | Date of birth: | | |
| Address: | | | | |
| Telephone Number: | | | | |
| Email: | | | | |
| **2-year-old space** | | | ✓ correct response | |
| Are you interested in a 2-year-old place? | | | Yes | No |
| Do you think you are eligible for funding?  [**https://www.centralbedfordshire.gov.uk/info/12/childcare/115/help\_with\_childcare\_costs**](https://www.centralbedfordshire.gov.uk/info/12/childcare/115/help_with_childcare_costs) | | | Yes | No |
| Have you applied for funding?  [**https://www.centralbedfordshire.gov.uk/info/12/childcare/115/help\_with\_childcare\_costs**](https://www.centralbedfordshire.gov.uk/info/12/childcare/115/help_with_childcare_costs) | | | Yes | No |
| Are you interested in a paying for 2-year-old sessions? | | | Yes | No |
| Are you interested in full time or part time?  (full time = 5 mornings or afternoons/ part time = less than 5 days) | | | Yes | No |
| **3–4-year-old space** | | | ✓ correct response | |
| Are you interested in a 30-hour funded place? | | | Yes | No |
| Do you think you are eligible for funding?  [**https://www.childcarechoices.gov.uk/**](https://www.childcarechoices.gov.uk/) | | | Yes | No |
| Have you applied for funding?  [**https://www.childcarechoices.gov.uk/**](https://www.childcarechoices.gov.uk/) | | | Yes | No |
| **Other professionals supporting your family** | | | | |
| Does your child have any additional needs or disabilities? | | | Yes | No |
| Please give details below, including any agencies involved in support: | | | | |
| Is social care involved with your family? | | | Yes | No |
| Please give details below, including any agencies involved in support: | | | | |
| Parent 1 Name:  Parent 2 Name: | | | | |
| Is there any other information you think we need to know? | | | | |
| Today’s date: | | | | |

Thank you for completing this form- return to [office@westfieldnursery.co.uk](mailto:office@westfieldnursery.co.uk)

We will use the information provided to contact you and discuss start dates/ sessions available.

**Office Use only**

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