**Westfield Nursery School**

**Waiting List Form**

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| Child’s Name: | MaleFemale | 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

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

**Office Use only**

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