

West Kidlington Primary and Nursery School
Nursery Class Application Form

Full name of child.....

Date of Birth(dd/mm/yyyy) **Sex** Male/ Female (delete as appropriate)

Address where child resides

.....

.....**Postcode**

Who does the child live with?.....

Names and dates of birth of any sibling?

.....

Dietary/ Medical Concerns/ Allergies

.....

First language.....**Other languages**.....

Name of main carer (1)

Relationship to child

Landline 📞 Mobile 📱

email address ✉.....

Address (if different from child)

.....

.....**Postcode**

Name of main carer (2)

Relationship to child

Landline 📞 Mobile 📱

email address ✉.....

Address (if different from child)

.....

.....**Postcode**

Please tick one of the following

- a) I only require 15 universal hours at WK Nursery
- b) I require 30 hours at WK nursery and am entitled to 30 hour funding
- c) I require 30 hours at WK nursery, but will have to pay for anything more than the 15 universal hours
- d) I require 30 hours, but would like to split the funding with SKIPS

Thank you for your application we will be in touch in October, February or April; the term before your child is due to start. **Please return this form to the school office with your child's birth certificate or passport**

FOR SCHOOL USE ONLY

Date application form received _____

Birth Certificate/ passport checked/ seen, and 2 copies made if requiring wraparound Yes No Date seen _____

Date application passed to SKIPS _____

Signed _____ Print _____

Please note that completion of this form does not guarantee a place for your child. If you decide you no longer require a place, please inform us. We will retain your personal information on this form for as long as is required to be on the waiting list. It will not be shared with other parties.

If you have chosen option 'd' from the above, please also complete this part of the form.



Should you choose to split your 30 hour funding over two settings, we work closely with our on-site private provider SKIPS and transitions between the two settings are smooth and simple.

To find out more about SKIPS click on the link <https://skipspre-school.org/>

- Please complete the table below indicating which wraparound care sessions you require at SKIPS, and we will pass your information on to them. They will contact you about your application for wraparound care.
- If you are eligible for 30 hour funding please include your 30-hour funding code if you have it.
- To find out about 30-hour funding click on the link <https://www.childcarechoices.gov.uk/>

Tick which wraparound session you require

	<i>I require wraparound on the following days and session am or pm</i>	<i>I require lunch club cover 11.45-12.30 on the following days</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
30 hour funding code if known		