



West Kidlington Primary and Nursery School
Nursery Class Application Form

Please return this form to the school office with your child's birth certificate or passport

| | | |
|--|-----------------------------|-------------------------------|
| Full name of child: | Sex: Male/ Female | Date of Birth dd/mm/yy |
| Address where child reside: | | |
| Postcode | | |
| Who does the child live with? | | |
| Names and dates of birth of any siblings: | | |
| Dietary/ Medical Concerns/ Allergies | | |

| | | |
|---------------------------------|----------|-----------------------|
| Name of child's legal custodian | | Relationship to child |
| Address if different from child | | |
| Telephone | Landline | Mobile |
| email address | | |

| | | |
|---------------------------------|----------|-----------------------|
| Name of child's legal custodian | | Relationship to child |
| Address if different from child | | |
| Telephone | Landline | Mobile |
| email address | | |

| | |
|---|---------------------------------------|
| Does your child currently attend another setting? Yes/No | Name of current setting if attending? |
|---|---------------------------------------|

I only require a space at WK Nursery for the universal 15 hours

Thank you for your application we will be in touch in October, January or April; the term before your child is due to start with their allocated nursery session.

If your child requires wraparound care or more than 15 hours, please turn over.



We work closely with our onsite 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, and we will pass your information on to SKIPS. 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 (remember up to five morning or afternoon sessions will be allocated by West Kidlington Nursery)

| | <i>I require wraparound on the following days</i> | <i>I require lunch club cover 11.45-12.30 on the following days</i> |
|-----------------------------|---|---|
| <i>Monday</i> | | |
| <i>Tuesday</i> | | |
| <i>Wednesday</i> | | |
| <i>Thursday</i> | | |
| <i>Friday</i> | | |
| 30 hour funding code | | |

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.