**NURSERY WRAP-AROUND CARE**

**BOOKING IN FORM**

CHILD’S NAME: Date of Birth:

Class: Morning Nursery / Afternoon Nursery

(Circle)

|  |
| --- |
| I would like my child to attend Wrap Around sessions on the following days: |
| MONDAY |  |
| TUESDAY |  |
| WEDNESDAY |  |
| THURSDAY |  |
| FRIDAY |  |

|  |  |  |
| --- | --- | --- |
| Are you entitled to 30 Hour Free Care (Extra Entitlement) Funding? | YES | NO |
|  |  |
| If yes, please provide your **Eligibility Code**:(from Central Bedfordshire Council) |  |
| If yes, please provide your **National Insurance Number**: |  |
| If yes, and you are splitting your entitlement between providers, please provide details of 2nd Provider:  |  |
|  |  |  |
| I have read and agree to the Nursery Wrap-Around Care and 30 Hour Funding Policy: | YES | NO |
|  |  |

PARENT /CARERS’ NAME:

PARENT / CARERS’ SIGNIATURE: DATE:

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Code Start Date: |  | Code End Date: |  | Grace Period End Date: |  | Term funding starts: |  |