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**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 Nursery 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 <b>Eligibility Code:</b> (from Central Bedfordshire Council)		
If yes, please provide your <b>National Insurance Number:</b>		
If yes, and you are splitting your entitlement between providers, please provide details of 2 <sup>nd</sup> Provider:		

I have read and agree to the Nursery Wrap-Around Care and 30 Hour Free Care (Extra Entitlement) 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:	



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