



# Application Form

Name of child/children/young person for whom a place is required:

Name ..... Age (DOB) .....

Name ..... Age (DOB) .....

Name ..... Age (DOB) .....

Name of parent(s)/carers .....

Address .....

Telephone Numbers:

Daytime ..... Evening ..... Mobile .....

Mother's work no ..... Father's work no .....

Does your child/children/young person have any special needs/allergies/medical conditions that we need to be made aware of? If YES please give details:

.....  
 .....  
 .....

Starting date required: .....

Please tick sessions required:

<b>Term time:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

<b>Holidays</b>	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

£10 registration fee \_\_\_\_\_ (staff signature, date, cash/cheque)