

10.3 Application form

Chadlington Playgroup



Name of child: _____ Date of birth: _____

Name(s) and address(es) of the parent(s) making the application:

Postcode	Tel.
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Postcode	Tel.
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I/We would like _____ to start attending at this settling

*as soon as possible; or from _____ (date)

We would like our child to attend the following sessions:

	Session	(tick)	Lunch club	(tick)
Monday	9.15 – 11.45		11.45 – 13.00	
Tuesday	9.00 – 11.45		11.45 – 13.00	
Wednesday	9.00 – 12.00		No lunch club	///////
Thursday	9.00 – 11.45		11.45 – 13.00	

If we find that we no longer need the place we will let the setting know as soon as possible

Signature of parent(s)

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Tear off the following part to return to parent(s)

A place will be available for _____ (child's name)

*On _____ (date) * or we will notify you when a place becomes free.

Signed on behalf of the provider

Signature _____

Name _____ Job title _____