

After School Club



APPLICATION FORM

CHILD DETAILS:

Child's First Name: _____ Surname: _____

D.O.B: _____ Preferred Name: _____

Address: _____

Postcode: _____

Nationality: _____ First Language: _____ Male/Female: _____

YOUR DETAILS:

Your Surname: _____ Title: _____ First Name: _____

Relationship to child: _____ Tel No: _____

Mobile No: _____ Email Address: _____

Address (if different to above): _____

Postcode: _____

Do you have the following for this child? (please circle)

Legal Responsibility: Yes / No Parental Responsibility Yes / No

SESSION DETAILS

Please indicate below your preferred sessions and start date:

Option 1	Monday	Tuesday	Wednesday	Thursday	Friday
From 3.15 pm					
To 5.00pm					

Option 2	Monday	Tuesday	Wednesday	Thursday	Friday
From 3.15 pm					
To 6.00pm					

We are able to collect from after school activities.

This Application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child.** If your chosen sessions are unavailable, alternatives will be offered where possible.

Once your child has been offered a place and you accept it, on admissions further personal information for both your child and yourself will be required for our records.

If your chosen sessions are unavailable, alternatives will be offered where possible. Please do not hesitate to contact us if you require any further information.

Signed: _____ Date: _____