Woodborough Woods Breakfast and After School Club

NAME OF CHILD: DATE OF BIRTH:

NAME(S) and ADDRESS(ES) of PARENT(S) / LEGAL GUARDIAN(S) MAKING THE APPLICATION:

|  |  |
| --- | --- |
| Name: | Name: |
|  |  |
|  |  |
|  |  |
| Post Code: | Post Code: |
| Home telephone number: | Home telephone number: |
| Mobile number: | Mobile number: |

I/We would like the place \*as soon as possible / \*from this date:

\*delete as appropriate

Please indicate the sessions you would like to be contracted for:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast |  |  |  |  |  |
| After School |  |  |  |  |  |
| Both Sessions |  |  |  |  |  |

ANY OTHER PERSON(S) AUTHORISED TO COLLECT YOUR CHILD:

|  |  |
| --- | --- |
| Name: | Name: |
| Relationship to child: | Relationship to child: |
| Home telephone number: | Home telephone number: |
| Mobile telephone number: | Mobile telephone number: |

I confirm that I have read and understood the ‘Parents Information inc. terms and conditions’ information which was supplied with this registration form.

Signed: Date:

(parent/carer with legal parental responsibility)

**APPLICATION FORM**