

**Application to join**

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| First name(s) of child: | |
| Surname of child: | |
| Full address: |
| Parent/carer name (1): | |
| Relationship to child: | |
| Full address (if different): | |
| Daytime/work tel: |
| Parent/carer name (2): | |
| Relationship to child: | |
| Full address (if different): | |
| Daytime/work tel: |
| Preferred start date:  Please circles requirements  Monday AM/PM Allday  Tuesday AM/PM Allday  Wednesday AM/PM Allday  Thursday AM/PM Allday  Friday AM/PM Allday  Parent/Carer signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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