

Name of child _____

Date of birth _____

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

Postcode Tel.	Postcode Tel.

I/We would like _____ to start attending at this setting

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

We would like our child to attend the following sessions:

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast (8.30-9.00am)					
Morning (9.00-12.00)					
Lunch (12.00-12.55)					
Afternoon (1.00-3.15)					

If we find that we no longer need the place, we will inform the setting as soon as possible.

Should you decide you no longer need the place we will not retain the details on this application.

Signature of parent(s)

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