



Application Form 2018/2019

Please complete this form and a registration form. The After School Club Supervisor will contact you as soon as possible to confirm placement.

Child's Name: _____ Age: _____

School Attending: _____ Year: _____ Class: _____

What Date Would You Like Collection To Start From? _____

Parent/ Carers Name: _____

Contact Address: _____

Contact Telephone Number (Home): _____

Contact Telephone Number (Mobile): _____

Please Tick The Per-Month Option You Require:

- | | |
|--|--|
| <input type="checkbox"/> 2 days per week | <input type="checkbox"/> 4 days per week |
| <input type="checkbox"/> 3 days per week | <input type="checkbox"/> 5 days per week |

Please Tick The Required Days Per Week:

- Monday Tuesday Wednesday Thursday Friday

**Days cannot be swapped. Additional days may be added as and when needed if places are available.

The daily rate is £12 per day. I will be making the monthly fee payments by:

- Bacs childcare vouchers _____

Signature of Parent/Carer: _____ Date: _____