



DROP-IN Application Form 2018/2019

Please complete this form, filling in all sections legibly. Submit the form along with payment to your child's school office. Please ring 07599 018 627 to ensure we have a space available.

Child's Name: _____ Age: _____

School Attending: _____ Year: _____ Class: _____

What Day & Date Would You Like Collection? _____

Parent/Carer's Name: _____

Contact Address: _____

Contact Telephone Number (Home): _____

Contact Telephone Number (Mobile): _____

Emergency contact and phone number: _____

Person who will be collecting the above named child(ren)
(must be 18 yrs old & have photo ID): _____

Any known allergies or dietary requirements: _____

Any health or other concerns: _____

The Drop-In rate is £13.00 per child per day.

Amount of children: _____ x £13.00 = Total Payment: _____

I have enclosed the non-refundable payment in the form of: Bacs Childcare Vouchers

Signature of Parent/Carer: _____ Date: _____