

Application Form

Your child			
Surname of your child (underline preferred nar	me)		
First names			
Date of birth			
Please note that we require sight certificate before they are admitte			
Parent/Carer 1			
Title (e.g. Mr, Mrs, Ms)			
Full name			
Relationship to child			
Contact telephone number		Evening (if different):	Mobile (if different)
Email address			
Address (including postcode)			
Parent/Carer 2			
Title (e.g. Mr, Mrs, Ms)			
Full name			
Relationship to child			
Contact telephone number		Evening (if different):	Mobile (if different)
Email address			
Address (including postcode)			



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Other people with parental responsibility		
Please provide the name(s) and current address(es) of any other person with parental responsibility (i.e. legal responsibility) for the above named child.		
Title		
Full name		
Address (including postcode)		
Alternative collector's	name and contact details	
Additional information	1	

Session selection

Please tick all sessions you are interested in applying for. Please note that all places are subject to availability.

Day	Session	Time	Selection
Monday	Morning	9am – 12pm	
	Afternoon	12.15pm – 3.15pm	
	All day	9am – 3.15pm (additional daily £1 charge)	
Tuesday	Morning	9am – 12pm	
	Afternoon	12.15pm – 3.15pm	
	All day	9am – 3.15pm (additional daily £1 charge)	
Wednesday	Morning	9am – 12pm	
	Afternoon	12.15pm – 3.15pm	
	All day	9am — 3.15pm (additional daily £1 charge)	
Thursday	Morning	9am – 12pm	



Application Form

	Afternoon	12.15pm – 3.15pm	
	All day	9am – 3.15pm (additional daily £1 charge)	
Friday	Morning	9am – 12pm	
	Afternoon	12.15pm – 3.15pm	
	All day	9am — 3.15pm (additional daily £1 charge)	

Signatures

	Parent/Carer 1	Parent/Carer 2
Signature		
Name in full (please include all names)		
Relationship to child		
Date		