

Seend Playgroup

Application Form

Name of child _____

Date of birth _____

Names and address of parents

Post Code _____

Telephone _____ Mobile _____

Email _____

I/We wish to apply to join Seend Playgroup from _____

We would like to start with ___ sessions and would prefer _____

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

Signature of parent _____ Date _____

Admission to Seend Playgroup

A place will be available for _____

On _____

Signed for the playgroup _____ Date _____

Name _____ Title _____