

APPLICATION FORM

SECTION A – Personal Details

To be completed by the applicant or the applicant's parent/guardian:

Full Name DOB

Address

Telephone Mobile

Email

School

SECTION B – Declarations

Does your child suffer from any medical problems? Yes No

If yes, please specify:

Does your child have any learning difficulties? Yes No

If yes, please specify:

I confirm that I have read the centre's terms and conditions and agree to abide by whatever is mentioned therein. I also confirm that the information I have provided on this form is correct at the time of signing. I understand that if any information is found later to be false or misleading, my child could lose his/her place at the centre, along with any monies that have already been paid.

Signature

Date

Print Name

Relationship to Child
