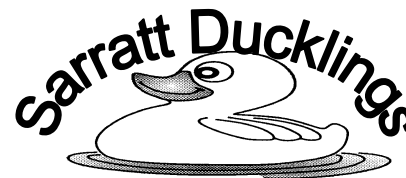


Sarratt Ducklings



Application Form

Child's Name Date of Birth

Parent/Guardian's Name

Address

.....

.....Postcode

Home Tel No Mobile Tel No

E-Mail Address

When do you wish to join Sarratt Ducklings and have a place (date/ ASAP):

..... (your child's name will be on the waiting list)

Preferred Days/ Sessions

(Every effort will be made to accommodate your selection depending on availability)

	Mon	Tues	Wed	Thurs	Fri
Mornings (3/4 year olds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (2-4 year olds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which school is your child going to attend?

If you find that you no longer require a place, please inform Sarratt Ducklings as soon as possible.

Signature of Parent **Date:**

For Office Use Only: