



APPLICATION FORM

PERSONAL INFORMATION

Name of Parent/Guardian: _____

Address: _____

Postcode: _____ Phone Number: _____

Email: _____

Child's Name: _____

Child's Date of Birth: _____

- Preferred Days:
- | | |
|---|--|
| <input type="checkbox"/> Monday 9:15am - 12:30pm | <input type="checkbox"/> Tuesday 9am - 2pm |
| <input type="checkbox"/> Tuesday 9:15am - 12:15pm | <input type="checkbox"/> Wednesday 9am - 2pm |
| <input type="checkbox"/> Wednesday 9:15am - 12:15pm | <input type="checkbox"/> Thursday 9am - 2pm |
| <input type="checkbox"/> Thursday 9:15am - 12:15pm | <input type="checkbox"/> Friday 9am - 2pm |
| <input type="checkbox"/> Friday 9:15am - 12:15pm | |

How did you find out about our Playgroup? _____

Signed Parent/Guardian: _____ Date: _____

PITCORTHIE PLAYGROUP ACKNOWLEDGEMENT SLIP

I acknowledge receipt of your application for _____ to come along to our Playgroup.

I will be in touch approximately four weeks before he/she is due to start to arrange for you to visit the Playgroup. Should you have any questions in the meantime, please do not hesitate to contact me at 01383 729666.

Best Wishes
Susan Paterson, Administrator