

Childcare Application Form

PARENT /GUARDIAN DETAILS

Name: _____ Relationship to child: _____

Address: _____

Tel: _____ Mobile: _____ Email: _____

I wish to apply for: Breakfast Club / After School Club Places / Both

I require childcare 2 days 3 days 5 days (Please note we do not offer 1 day or 4 day places)
(Please circle)

Mon		Tue		Wed		Thurs		Fri	
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ADDITIONAL CHILDCARE

HOLIDAY CARE: YES / NO Easter Summer October

IN SERVICE DAYS: YES / NO

CHILDRENS DETAILS

SCHOOL ATTENDING _____ START DATE of ATTENDANCE _____

1) NAME - _____ D.O.B. _____ CLASS - _____

2) NAME - _____ D.O.B. _____ CLASS - _____

IF MY PREFERRED DAYS CANNOT BE MET I AM WILLING TO CONSIDER ALTERNATIVE DAYS
(Please Delete) YES / NO

I WISH TO HELD ON A WAITING LIST UNTIL MY PREFERRED DAYS ARE AVAILABLE
(Please Delete) YES / NO

Our admissions policy states that all applicants are processed on a first returned basis. We are an equal opportunities Organisation and your application will be dealt with in confidence. You will be informed of your applications success within 14 working days.

A place can only be secured on completion of a registration form, your signature on a parent's contract and a payment of the first week's fee and administration fee.

Declaration – I have read the above policy and understand that the management's decision is final.

SIGNATURE: _____ DATE: _____

Please send this completed form to – The Area Coordinator, Frederick Street Centre, Frederick Street, Aberdeen. AB24 5HY Email: caroline@communitylinkchildcare.org.uk

T: 01224 764699

M: 07525855378

Date Received: