Community Link Childcare

Childcare Application Form 2020-2021

PARENT / CARER 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)

Please circle)

Mon		**Tue**		**Wed**		**Thurs**		**Fri**	

ADDITIONAL CHILDCARE

HOLIDAY CARE: **YES / NO** **Easter** **Summer** **October**

IN SERVICE DAYS: **YES / NO**

CHILDRENS DETAILS

SCHOOL ATTENDING_____ **START DATE**_____

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

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

CHILDCARE APPLICATIONS ARE DEALT WITH ON A FIRST RETURNED BASIS

IF MY PREFERRED DAYS CANNOT BE MET I AM WILLING TO CONSIDER ALTERNATIVE DAYS
(Please Delete) YES / NO
OR
I WISH TO HELD ON A WAITING LIST UNTIL MY PREFERRED DAYS ARE AVAILABLE
(Please Delete) YES / NO

I agree to attend a Parent/Carer Registration Meeting as part of the admissions process.
I agree to complete a child registration form, and provide pertinent information about my child.
I agree to pay my first week's childcare fees in advance.
I agree to pay my Annual Registration fee in advance.

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

SIGNATURE: **DATE:**

Please send the completed form to - emma@communitylinkchildcare.org.uk
T: 01224 764553
M: 07525855378

Date Received -