

Request for a place at Fairway Children's Centre

Child's Name: ----- D.o.b. -----

Address: -----

Parent / Carer: -----

Tel No(s): -----

Hours of Attendance (please tick sessions required):-

	8 - 9	9 - 11.30	11.30 -12.30 Packed Lunch Lunch		12.30 - 3	3 - 4	3 - 6
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Preferred Start Date:

Declaration:

I wish to book a place at Fairway Children's Centre. I understand that bookings are in accordance with Fairway Children's Centre Terms and Conditions.

Signed: -----

Name
(Please print): -----

Date: -----