



Application to join

Happy Days Under Fives's Application Form

C/O Barnham Broom Primary School

65 Norwich Road

Barnham Broom

Norwich

NR9 4BU

Tel: 01603 759656

Email: happydaysunderfives@yahoo.co.uk, managerhduf@yahoo.com or committeehduf@yahoo.com

Charity Number:1053908

Personal details

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

_____ Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

_____ Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Parent/carer name (2):

Relationship to child:

Full address (if different):

Postcode:

Daytime/work tel:

Home:

Mobile:

Session request

Preferred start date:

Please tick the sessions you would like your child to attend:

Morning

Monday Tuesday Wednesday Thursday Friday

Lunch

Monday Tuesday Wednesday Thursday Friday

Afternoon

Monday Tuesday Wednesday Thursday Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform [us/me] as soon as possible.

Signed parent/carer (1):

Date:

Signed parent/carer (2):

Date:

Please be advised that this application form and offer of a place is subject to [our/my] terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.

For office use only:

Deposit paid:

Date paid:

Tear off the following part to return to the parent(s)

A place will be available for _____ (child's name)

* on _____ (date) * or; we will notify you when a place becomes free.

Signed on behalf of the provider: _____

Name: _____ Job title: _____

*Please delete whichever is not applicable.