



Application to Join

Roughton Under 5's Playgroup

Name of child Date of birth

Name(s) of parents/carers making the application

Postcode	Tel No:	Postcode	Tel No:

I / We would like to start attending Roughton Under 5's Playgroup

* as soon as possible, or from date

We would like our child to attend on the following days/sessions: Please tick all sessions required.

Day	Session	Tick if needed
Monday	9am – 12pm	
Tuesday	9am – 12pm	
Tuesday	12pm – 3pm	
Wednesday	9am – 12pm	
Wednesday	12pm – 3pm	
Thursday	9am – 12pm	
Thursday	12pm – 3pm	
Friday	9am – 12pm	

If we no longer need the place, we will inform the Playgroup as soon as possible.

Signed Parent/carer