KINGFISHER OUT OF SCHOOL CLUB APPLICATION FORM

Term of Admission: Child's name :		Year:			
Date of birth:					
Address :					
Postcode:			Telephone :		
detailed below	the pattern of attention the transfer of the t	dered for a place in endance that I wou ons will be confir	lld prefer from the	date of intake	
Signed :		Parent	Parent / Guardian		
Please print n	ame:				
Date :					
Please return	Cl Cl Br	ut of School Club utton CE Primary utton oxton neshire CH3	School		
		ncludes breakfas			
MON	TUES	WEDS	THURS	FRI	
Session time	s 08.25 – 08.55				
MON	TUES	WEDS	THURS	FRI	
Session times 15.15 – 17.00 (includes snack)					
MON	TUES	WEDS	THURS	FRI	
Sessions tim	es 17.00 – 18.00				
MON	TUES	WEDS	THURS	FRI	