|  |
| --- |
| **10.3 Application to join**  *CC logo* |
|  | (name of provider) |
| Name of child |  | Date of birth |  |
| Name(s) and address(es) of parent(s) making the application: |
|  |  |  |
| Postcode |  | Tel. |  | Postcode |  | Tel. |  |
| I/We would like |  | to start attending at this setting |
| \*as soon as possible; or from |  | (date) |
| We would like our child to attend on the following days/sessions: |
| \*Monday am / pm; Tuesday am / pm; Wednesday am / pm; Thursday am / pm; Friday am / pm |
| If we find that we no longer need the place, we will inform the setting as soon as possible. |
| Signature of parent(s) |
|  |  |  |
| *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.

**Reviewed April 2016**