



APPLICATION FORM

School.....

Name (1st Place):..... Date of Birth:.....

Name (2nd Place):..... Date of Birth:.....

Name (3rd Place):..... Date of Birth:.....

Name (4th Place):..... Date of Birth:.....

Address:.....

E-mail..... Tel:.....

Please note confirmation of bookings will be sent to you in writing. You will be required to pay a £25 deposit per child to guarantee place(s) for your child(ren) and this will be deducted from your first payment. Please make cheques payable 'Farlington Wrap Around Service Ltd'.

Please enter the number of places you require for each session.

	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Our service is provided on a first come first serve basis, so to avoid disappointment do not hesitate in returning your completed form to: 16 Central Road, Drayton, Portsmouth, PO6 1QE.

Any queries please contact: **Mandy Mapplebeck** or **Karen Smith** Monday - Friday between 7.30 and 6.00 .Go to www.farlingtonwraparound.co.uk for contact details.