

# Mitchell Walk Playgroup

## Application for Admission Form

Full Name of Child	
Date of Birth	
Male or Female	
Name of Parent / Guardian	Mr / Mrs / Ms / Miss
Full Postal Address	
Postcode	
Telephone Numbers & Contact Information	Home : Mobile : E-mail :
Name of Doctor	
Name of Health Visitor	
Please give any other information which may be helpful, eg allergies, diet, religion, special needs	
Details of playgroups, mother & toddler groups, family centres Your child has / is attending	

I / We agree to abide by the terms and conditions of Mitchell Walk Playgroup.

I / We agree that the fees will be paid promptly at the beginning of term on receipt of a Mitchell Walk Playgroup invoice.

I / We enclose the registration fee of £10.

Signed : .....( Parent / Guardian)

Date : .....

Please return to : Mrs Karen Hazell, 8 Roundwood Road, Amersham, Bucks, HP6-6NA  
Tel : 07920 512 180