

After School Sessions - Application Form



OAKS ACTIVITY CENTRE

Collier Row Road, Romford, Essex RM5 2DD

Tel: 0208 597 9171 Email: oaksactivitycentre@btconnect.com

Pupil's Surname Boy/Girl

Pupil's Forenames in full
(Underline the name by which he/she is known)

Date of Birth Nationality

Parent/Guardian

Name

Address.....

..... Postcode

Tel: Home Work

Mobile Email:

State of health
(please indicate any medical condition or disability concerning your child)

Any special circumstances that should be known in the interests of your child
.....

Parent or guardian should sign the completed form and this original form should be returned in its entirety.

I hereby apply for admission to The Oaks Activity Centre as outlined below:

After-School (Session only)

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed

Date