



The Tree House

Childs Legal Surname ----- Childs Legal Forename -----

Middle Name(s) ----- Date of Birth -----/-----/-----

Name(s) of Legal Guardian(s) -----

Telephone Number -----

Admission Date -----/-----/-----

PLEASE STATE THE SESSIONS YOU REQUIRE.

<u>Day</u>	<u>9.00am – 12.30pm</u>	<u>12.30 – 3.30</u>	<u>All Day 9.00 – 3.30</u>
<u>Monday</u>	-----	-----	-----
<u>Tuesday</u>	-----	-----	-----
<u>Wednesday</u>	-----	-----	-----
<u>Thursday</u>	-----	-----	-----
<u>Friday</u>	-----	-----	-----

Signed: -----

Date: -----/-----/-----

