



PLAYGROUP BOOKING FORM

Child's Details:

| | |
|----------|---------------|
| Surname: | Forenames(s): |
| | |

Playgroup

Please tick the days you would like your child to attend playgroup:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Signature: _____ Dated: _____
Main Contact

Note: Play Works operates a booking system that is based on first come first served basis.
Payments must be made in advance to guarantee a place for your child.
Refunds are not given for sickness, occasional days off or holidays.