

PLAYBOX PLAYGROUP REGISTRATION FORM

Child's Full Name.....

Date of Birth.....

Parent's Names.....

Address.....

.....

.....

Post Code.....

Telephone/Mobile Number.....

Any Other Relevant Information.....

Signature of Parent/Guardian.....

Date / /20

Once this form is returned to us your child will be placed on the waiting list. You will be contacted when a place is available, usually about one term prior to the start date offered.

Please return to;

**Playbox Playgroup
Methodist Church
Gloucester Road**

**Burgess Hill
West Sussex
RH15 8QD**