

Autumn Term Booking Form

Member

Non Member

Name of Child:

Age of Child:

Allergies:

Name of Parent:

Name of Caregiver:

Address:

Main Telephone of Parents:

Main Telephone of Caregiver:

Classes requested: (if a class is full you will be offered an alternative or refunded) Day, Time & Activity.

1.

2.

3.

4.

5.

I have read and agree to the Maggie & Rose terms and conditions on the reverse

Signed:

Date:
