



Registration of interest to join SMILES CLUB

Name of child: _____ Date of Birth: _____

If there is already a sibling at the club please indicate their name _____

Name(s) and Address(es) of parent(s) making the application: (please complete all details):

Surname:
Forename:
Address:
Postcode:
Home phone number:
Mobile:
Email:

Surname:
Forename:
Address:
Postcode:
Home phone number:
Mobile:
Email:

I/We would like _____ to start attending :

After School Club ☐ Breakfast Club ☐ Both ☐ (please tick appropriate boxes)

as soon as possible ☐ or from (date): _____

I/We would like our child to attend on the following days:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Costs for SMILES Club: £4.00 Breakfast Club / £9.50 After School Club.

Signature of parent(s):

_____ Date: _____ Date: _____

Parents will be informed via email or phone call if/when a place becomes available for their child. For any further information or queries contact K Gale (SMILES Supervisor) on Gale.k4@welearn365.com or H Alexander (SMILES Business Manager) on alexander.h@welearn365.com