

Linton Granta Playgroup Enrolment Form

Please date and fill in this form, and then return it to:

Emma Mason, 14 Wheat Croft, Linton, CB21 4YR

Child's Name

Date of Birth.....

Parent/Carer's Name

Address

Home Telephone Number

Mobile Telephone Number

Email Address

Date you would like your child to start

Days you would like your child to attend

Is there any other information you feel we should be aware of when allocating your child a place?

Parent/Carer's signature..... Date:

We often need new staff for our groups – without them there would be no Playgroup. If you feel you might be interested in helping, whether now or in the future, please indicate below.

Playgroup Supervisor

Playgroup Assistant

Toddler Group Supervisor

I may be interested in standing for Committee Yes/No

If you have any queries please call Emma Mason: 01223 893140