

Application to Join

Name of ch	ild:				
Date of birth	າ:				
Sessions R	equired:				
	Monday	Tuesday	Wednesday	Thursday	Friday
9am-3pm					
9am-12pm					
9am-1pm					
12pm-3pm					
Name of Parent/Carer:Address:					
Liliali Audit	<u>-</u>				
Your child w session with			r settling in se	ssion. Plea	se book this
Please note	that a dep	osit of £20 n	eeds to be pa	id in order	to secure

your child's space. This will be deducted from your first invoice.