



Happy Hands Pre-School Playgroup

making learning fun for over 30 years!

Application Form

Name of child: _____ Date of birth: _____

Name(s) of parent(s): _____

Address _____ Postcode: _____

Phone Numbers: (home) _____

(mobile) _____

(email) _____

I/We would like _____ to start attending Happy

Hands asap / from _____ *(delete as appropriate)*

on _____ *(indicate days wanted)*

for 3 hours/ 4 hours *(delete as appropriate)*

Signed: _____ Relationship to child: _____

Date: _____

Please return to us at the address below – many thanks.

The Happy Hands Team