



Krazy Kids Registration of Interest.

Please print your details clearly:

Child's Full Name: _____

Child' Class: _____

Parent's Name: _____

Address: _____

Tel: _____

E-mail: _____

Preferred start date: _____

Days and sessions required:

Please tick

Monday	Breakfast	<input type="checkbox"/>	After school	<input type="checkbox"/>
Tuesday	Breakfast	<input type="checkbox"/>	After school	<input type="checkbox"/>
Wednesday	Breakfast	<input type="checkbox"/>	After school	<input type="checkbox"/>
Thursday	Breakfast	<input type="checkbox"/>	After school	<input type="checkbox"/>
Friday	Breakfast	<input type="checkbox"/>	After school	<input type="checkbox"/>
Total Sessions		<input type="checkbox"/>		<input type="checkbox"/>

For Office use only:

Date form received: _____

Signed: _____

Action: _____

If you have any questions please contact us during session times only on either the mobile 07379 416132 or landline 01869 325095 x 3 (Kitchen). Alternatively contact the school Reception or email krazykids@bureparkprimary.org This form will reserve your position on the waiting list if requested.

View our Terms & Conditions here: <https://tinyurl.com/ujjbxp6>

Please note this form is **NOT** confirmation of your place. A full set of Registration documents are required.