



Out of School Club Waiting List Application

Please fill out this form and return to

Kidsize Out of School Club
Kingswells Community Centre
AB15 8TG

Or email to kidsizeoosc@hotmail.com

Child's Forename _____ Child's Surname _____

Known as (if applicable) _____ DOB _____ Sex _____

Siblings & Ages: _____

Parents Name: _____

Home Telephone No.: _____

Mobile No: _____

Email Address: _____

Sessions Requested:

Please tick required sessions (Leave blank for ad hoc)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------|--------|---------|-----------|----------|--------|
| Breakfast Club | | | | | |
| After School Club | | | | | |

Start Date Requested: _____ Date Application Made: _____
