

Change of Sessions Application Form



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 Name: _____ D.O.B: _____

Sessions the child currently attends

Please tick sessions your child currently attends

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After School Club					

Sessions Requested:

Please tick required sessions including existing sessions you would like to keep

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Club					
After School Club					

Start Date Requested: _____

Parent Signature: _____ Date: _____