

**Application for Play-scheme Placement – Easter 2008**

Please tick the lines on which days you would like your child to attend the play-scheme and return this slip to Greenwich Deaf Playscheme, by the deadline date: **Friday 4<sup>th</sup> April 2008**. Late receipt of forms will not be accepted and your child will lose their place in the playscheme.

Tuesday 8th April 2008                    \_\_\_\_\_

Wednesday 9<sup>th</sup> April 2008                    \_\_\_\_\_

Thursday 10<sup>th</sup> April 2008                    \_\_\_\_\_

Tuesday 15<sup>th</sup> April 2008                    \_\_\_\_\_

Wednesday 16<sup>th</sup> April 2008                    \_\_\_\_\_

Thursday 17<sup>th</sup> April 2008                    \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Please circle:**    Deaf                                  Hearing

**Gender:**    Boy    Girl

**Parents/Carers Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**SMS/Email contact details:** \_\_\_\_\_

I agree for my child to be in photographs that will be taken for future reference. Please tick line for yes \_\_\_\_\_

Return this slip to: Greenwich Deaf Playscheme Project, c/o Deaf Access, Community House, South Street, Bromley, Kent, BR1 1RH.