



Out of School Care Registration Form

Please supply all the details requested and return to:

Gryffe Manor O.S.C, The Carrick Centre, Main Street, Houston, Johnstone, PA6 7HD

PLEASE USE BLOCK CAPITALS

Full Name of Child

Date of Birth

Requested School

Name of Parents/Guardians x 2

Contact Address

Postcode

Telephone Number

E-mail address

Place required:

	AM 7.30 - 9.00	Pm 3.00 - 6.00	Holiday Club
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Proposed Start Date

OFFICE USE ONLY

Received

Place letter sent

Waiting list letter given

Start date given

Deposit taken

Reply by