

# Legend Kids After School Programme Enrolment 2010

## Child(ren)s details:

Name(s)	Date of birth	School	Room

## Parents/caregivers authorised to pick up your child(ren)

Name	
Physical Address	
Postal Address (if different)	
Email	
Home ph	
Work ph	
Cellphone	

Name	
Physical Address	
Postal Address (if different)	
Email	
Home ph	
Work ph	
Cellphone	

## Emergency Contacts

Name	
Relationship to child	
Home ph	
Cell ph	

Name	
Relationship to child	
Home ph	
Cell ph	

## Doctor's Details

Doctor	
Address	
Ph	

*The program supervisor has permission to organise any urgent medical treatment at my cost:*

Y / N

**Additional Info**

Does your child have any particular health needs we should be aware of?  
Eg. Allergies, special food requirements, medical conditions (ie. Astma). If yes, please explain:

.....  
.....  
.....  
.....  
.....  
.....

*Please attach additional sheet of paper if needed.*

Is there anything else we should know about your child to assist us provide the best care for your child? Eg. Behavioural traits, special needs etc. If yes, please explain:

.....  
.....  
.....  
.....  
.....  
.....

**Would you like to be added to our email newsletter list: Y / N**

**Would you like to receive information on our after school programme: Y / N**

**Fees Policy**

50% of the total fee for the holidays must be paid to confirm booking. The remaining 50% must be paid on the first day of attendance, unless prior arrangements have been made.

**Parent Contract**

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to view our policies and procedures prior to signing, please feel free to contact us. For our fees policy, please view “Holiday Programme Information Sheet”.

*I have read and understand the enrolment information.*

*I give permission for photos taken of my children to be used on our website and for other promotional purposes.*

*The Programme Supervisor has my permission to arrange for any urgent medical treatment at my cost.*

*I will notify the Programme Manager of any changes to enrolment information as soon as possible.*

*I agree to pay fees as stipulated in the fees policy.*

Name of parent/caregiver	
Signature	
Date	