



Manchester House After School Activity Programme
ENROLLMENT FORM

Starting Date.....

CHILD'S NAME		DOB:			
CHILD'S NAME		DOB:			
HOME ADDRESS: HOME PHONE NUMBER: EMAIL ADDRESS:		ETHNICITY: IWI:			
MOTHER'S DETAILS:	NAME: PLACE OF WORK: WORK PHONE NUMBER: CELLPHONE:				
FATHER'S DETAILS:	NAME: PLACE OF WORK: WORK PHONE NUMBER: CELLPHONE:				
SCHOOL ATTENDED:	PHONE NUMBER:				
EMERGENCY CONTACT PERSON:	NAME: PLACE OF WORK: ADDRESS: HOME PHONE NUMBER: CELLPHONE: RELATIONSHIP TO YOUR CHILD:				
PERSONS AUTHORISED TO COLLECT YOUR CHILD:	1.	2.			
	3.	4.			
CHILD'S DOCTOR:	PHONE NUMBER				
MEDICAL PROBLEMS ALLERGIELS ETC:					
MEDICATION					
PERSONAL INFO WE SHOULD KNOW: eg custody Special needs					
METHOD OF PAYMENT:	AP	INTERNET	EFTPOS CASH CHEQUE (Please Circle)		
FREQUENCY OF PAYMNET:	WEEKLY	FORTNIGHTLY	MONTHLY (Please Circle)		
DAYS ATTENDING:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIMES: AM	6.30-8.30 am	6.30 - 8.30 am	6.30 - 8.30 am	6.30 - 8.30 am	6.30 - .8.30 am
PM	3.00 - 6.00 pm	3.00 - 6.00 pm	3.00 - 6.00 pm	3.00 - 6.00 pm	3.00 - 6.00 pm
HOLIDAY:					

SIGNED:..... DATE:.....