



Manchester House After School Activity Programme
ENROLLMENT FORM Start Date.....

CHILD'S NAME	DOB:
CHILD'S NAME	DOB:
CHILD'S NAME	DOB:

HOME ADDRESS:	ETHNICITY:
HOME PHONE NUMBER:	IWI:
EMAIL ADDRESS:	

1ST CAREGIVER	NAME:	RELATIONSHIP TO CHILD:
	PLACE OF WORK:	
	WORK PHONE NUMBER:	CELL NUMBER:

2ND CAREGIVER	NAME:	RELATIONSHIP TO CHILD:
	PLACE OF WORK:	
	WORK PHONE NUMBER:	CELL NUMBER:

EMERGENCY CONTACT PERSON:			
1:	NAME:	2 NAME	
	PLACE OF WORK:	PLACE OF WORK	
	ADDRESS:	ADDRESS	
Please Note:	HOME PHONE NUMBER:	HOME PHONE NUMBER:	
Emergency contact must be someone other than main care-givers	CELLPHONE:	CELLPHONE	
	RELATIONSHIP TO YOUR CHILD:	RELATIONSHIP TO YOUR CHILD	

PERSONS AUTHORISED TO COLLECT YOUR CHILD:	1.	2.	
	3.	4.	

SCHOOL ATTENDED:	PHONE NUMBER:
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CHILD'S DOCTOR:	PHONE NUMBER
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MEDICAL PROBLEMS ALLERGIES ETC:

MEDICATION

PERSONAL INFO WE SHOULD KNOW: eg custody Special needs

METHOD OF PAYMENT:	AP	INTERNET	EFTPOS	CASH	CHEQUE	(Please Circle)
FREQUENCY OF PAYMENT:	WEEKLY	FORTNIGHTLY	MONTHLY			(Please Circle)
WOULD YOU LIKE YOUR INVOICE EMAILED TO YOU?	YES	NO				(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:.....

