

**CLUB MEADOWBANK BEFORE & AFTERSCHOOL PROGRAMME
ENROLMENT FORM 2010**

If you're enrolling more than one child, please complete a separate enrolment form for each child.

Childs Name:	
Date of Birth:	
School Year:	
Meadowbank Room No:	
Home Address:	

MOTHER'S / GUARDIAN DETAILS

Name:	
Place of Work:	
Work Phone No:	
Cell Phone No:	
Home Phone No:	
Email Address:	

FATHER'S / GUARDIAN DETAILS

Name:	
Place of Work:	
Work Phone No:	
Cell Phone No:	
Home Phone No:	
Email Address:	

EMERGENCY CONTACT DETAILS

Name:	
Work Phone No:	
Cell Phone No:	
Home Phone No:	
Relationship to Child:	
People authorised to pick up your child:	1.
	2.
	3.

DAYS OF ATTENDANCE

Before School Care (Please circle)	Mon	Tue	Wed	Thu	Fri
After School Care (Please circle)	Mon	Tue	Wed	Thu	Fri
Gymnastics (Please circle)	Thu	Nb Additional fee of \$35 per term			

PERSONAL INFORMATION WE SHOULD KNOW

Custody Issues:	
Family Doctor : (Name and phone number)	
Medical Problems: (E.g. allergies, asthma. If medication is to be administered by staff please complete medication consent form.)	
Special Dietary Requirements:	
Cultural Requirements:	
Any Other Relevant Information: (E.g. child may wander)	