

## **FUN AFTER THREE ENROLMENT FORM**

### **Child(ren)'s Details**

**Name(s) 1:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB**    /    /   

**2:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB**    /    /   

**3:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB**    /    /   

**Home Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Telephone: Day** \_\_\_\_\_ **After Hours:** \_\_\_\_\_

### **Enrolment Details**

Please circle the days your child      Monday   Tuesday   Wednesday   Thursday   Friday  
will be attending.

**People Authorised to collect your child**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

### **Family Details**

**Mother's Name** \_\_\_\_\_

**Telephone: Day** \_\_\_\_\_ **After Hours** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Telephone: Day** \_\_\_\_\_ **After Hours** \_\_\_\_\_

### **Emergency Contacts**

**Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to Child :** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Child/ren's Doctor:** \_\_\_\_\_ **Telephone** \_\_\_\_\_