

## SSPP After School : Enrolment Form

Name of Child:	Class:
Address:	

Sessions Required:					
	Monday	Tuesday	Wednesday	Thursday	Friday
3.00/3.30 – 4.00					
3.00/3.30 – 4.30					
4.30 – 5.45					

Emergency Contact Details:	
Name & Relationship:	Phone No:
Name & Relationship:	Phone No:
Name & Relationship:	Phone No:

Child to be collected by:	
Name & Relationship:	Phone No:
Name & Relationship:	Phone No:
Name & Relationship:	Phone No:

Medical Details:	
Doctors Name:	Phone No:
Known Allergies:	
Other Medical Conditions:	

Any other details to be aware of:
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By signing this booking form I commit to pay for the weekly fees above and understand that changes to sessions can only be made in advance. I have read and accept the information given in the SSPP After School Prospectus.	
Parent/carer Signature:	Date: