



**CLASS OF WEST K AFTERSCHOOL EXPRESSION OF INTEREST FORM**

**Child Details**

CHILD'S NAME\_\_\_\_\_

CHILD'S GENDER\_\_\_\_\_

DATE of BIRTH\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CHILD'S IMMUNIZATION RECORDS UP TO DATE YES/NO?

ALLERGIES: \_\_\_\_\_

CHILD'S MEDICAL HISTORY/CONDITIONS\_\_\_\_\_

\_\_\_\_\_

ANY OTHER RELEVANT INFORMATION\_\_\_\_\_

SCHOOL ATTENDING\_\_\_\_\_

GRADE\_\_\_\_\_

TEACHER\_\_\_\_\_

## Parent Details

PARENT/GUARDIAN NAME(S) \_\_\_\_\_

CELL NUMBERS \_\_\_\_\_

PRIMARY EMAIL ADDRESS \_\_\_\_\_

## Enrolment Details Requested

ATTENDANCE DAYS REQUESTED \_\_\_\_\_

START DATE REQUESTED \_\_\_\_\_

PARENTS/GUARDIANS SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_