



# SWAN VALLEY COMMUNITY CENTRE

## PRE KINDY PROGRAMME 2019

Parent Name.....

Address.....

Phone.....Mobile.....

Email .....

Child name..... Sex .....

Date of Birth .....

Does your child have allergies? Y / N Details .....

Is your child fully immunized? Y / N

I authorize SVCC to take photographs of my child which may be used for promotion Y/N

I authorize SVCC to call medical advice in the case of an emergency and agree to pay for any expenses incurred for medical treatment and transport YES

I understand that I must remain on the premises at all times YES

Signed ..... Date .....

ALLOCATED SESSION: Wednesday 9.30-11.30

TERM FEES - \$200

Are you a member? : Y / N if no, please add Membership fee \$2.00

Total amount payable (incl. Membership): .....

For office use only

TERM ____	FEE \$ _____	RECPT _____
TERM ____	FEE \$ _____	RECPT _____
TERM ____	FEE \$ _____	RECPT _____

Membership Number ..... Receipt Number ..... Date .....