



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 12.00-2.00pm

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