

## Extra Curricular Club Registration Form

Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have any allergies, medical conditions, physical abnormalities or learning difficulties?

If **NO**, please tick box

If **YES**, please tick box  and give details: \_\_\_\_\_

Has your child attended our school before? If **NO**, please tick box

If **YES**, please tick box  and state which school: \_\_\_\_\_

### Existing student (Please state which school and class your child attends)

School: \_\_\_\_\_ Class: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

### I would like to enrol my child in the:

	Day	Time	Location of Club
<input type="checkbox"/> Little Chef's Cooking Club	on	at	at
<input type="checkbox"/> Mandarin Club	on	at	at
<input type="checkbox"/> English Club	on	at	at
<input type="checkbox"/> French Club	on	at	at
<input type="checkbox"/> Maths Club	on	at	at
<input type="checkbox"/> Art Club	on	at	at
<input type="checkbox"/> Science Discovery Club	on	at	at
<input type="checkbox"/> Drama Club	on	at	at
<input type="checkbox"/> Literacy/Book Club	on	at	at
<input type="checkbox"/> Little Musicians Music Club	on	at	at
<input type="checkbox"/> Computer Club	on	at	at
<input type="checkbox"/> Gymnastics Club	on	at	at
<input type="checkbox"/> Yoga Club	on	at	at
<input type="checkbox"/> Dance Club	on	at	at
<input type="checkbox"/> Soccer Club	on	at	at

Term: \_\_\_\_\_ (Please specify 1,2,3)

I enclose a cheque in the amount of: \_\_\_\_\_

Made payable to: THE WOODLAND GROUP OF SCHOOLS LTD

The cheque number is: \_\_\_\_\_ (please ensure your child's name is written on the back of the cheque)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian