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Child's Name: (Last name)			irst name)	(Midd	dle Name)
Birth Date:	Sex:	_ Nationality:		School:	
Child # 2:				Birth Date:_	
Child # 2: Child # 3:	(Last name,		(First nam	Birth Date:	(dd/mm/yyyy)
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Schools:		(Child # 2			(Child # 3)
Parent/Guardian's Nam Address:			V_4 001		
Telephone:	WASSING WILLIAM		(Office) (Home)		
Telephone:	(Mobile)				(Office)
					(Office)
Please indicate, in orde	r of preference	, preferred time		e:	
Please indicate, in orde			e slots:	e:	(Office)
Please indicate, in orde Child # 1: First choice Child # 2: First choice	r of preference	, preferred time	e slots: Second choice Second choice	e:	
Please indicate, in orde Child # 1: First choice Child # 2: First choice	r of preference	, preferred time	e slots: Second choic	e:	(Time)
Telephone: (Home) Please indicate, in orde Child # 1: First choice Child # 2: First choice Child # 3: First choice Policy: Course fees, payable interest at 1% p.m. will apply. July and August). Please do withdrawal from our programme	(Day) (Day) (Day) in advance prior to We assume your enrhowever give us no	(Time) (Time) (Time) term commenceme	Second choice Se	e:	(Time) (Time) (Time) ole. "Late payment" esummer months of
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I have read and understood the policy as stated above.

Signature of Parent/Guardian Date: