

HOLIDAY SCHOOL ENTRY FORM
Sugarplums and Sweetpeas Playgroup

HOLIDAY SCHOOL ENTRY FORM
Date: Monday 8th – Friday 12th December

I, the undersigned.

_____ (Full Names)

Being the father/mother/guardian of

_____ (Full name of child)

_____ (Age of child)

Hereby agree to the terms and conditions below and undertake to abide by them.

Mom Telephone _____

Dad Telephone _____

E-mail address _____

Next of Kin _____

Family Doctor _____

Allergies/Chronic _____

Medication _____

Please inform of any other necessary information

The cost for the 5 day holiday school is R1000.00 (R200.00 per day). A non-refundable payment in full will secure your child's place.

Bank Details:

Stacey Levin

FNB- Balfour Park

A/c No: 62259081710

Branch Code: 21221700

Dep Ref: Your child's name

Proof of direct deposits must be given to us directly.

Indemnity:

Although every necessary precaution will be taken to prevent accidents, neither Stacey Levin (owner), 8704010097086 or Deena Watkin Ress (assistant), 8510270097082 will be held responsible for any claims to a child arising from an accident which may occur whilst the child is on the premises.

Signature _____ Print Name in Full _____