



ROSEWOOD AFTER CARE CENTRE ENROLMENT FORM

Preference is given to Rosewood Academy Learners

CHILD'S NAME:

1. _____ DOB: _____ GRADE: _____

2. _____ DOB: _____ GRADE: _____

PARENTS' NAMES:

FATHER: _____

MOTHER: _____

HOME ADDRESS:

FATHER'S OCCUPATION:

_____ Cell No. : _____

E-MAIL: _____

MOTHER'S OCCUPATION

_____ Cell No. : _____

E-MAIL: _____

Name of person/s collecting the child: _____

Doctor: _____ Tel. No.: _____

Alternate Contact Person: _____ Cell No.: _____

ANYTHING IMPORTANT WE SHOULD KNOW ABOUT? (Allergies, etc.) _____

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By signing below, I acknowledge that I have read and understood the requirements as stated in the Rosewood After Care Centre Policy and undertake to abide by the guidelines.

Name (Parent/Guardian): _____

Signature: _____ Date: _____