



CODE 4 FUN

SYDNEY PROGRAMMING SCHOOL

ENROLMENT FORM

Child's Name: _____ Surname: _____ D.O.B. _____

School Year: _____

Preferred Day & Time: _____

Parent/Guardian Details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

Alternative contact during class:

Name: _____ Phone: _____

Please complete Medical Section for each child enrolled:

Medical Details: _____

Does your child carry any medications? If so give details _____

Allergy Details: _____

Special Requirements: _____

Apply "Yes" if you agree to allow Sydney Programming School Staff members to administer first aid and seek emergency treatment if so required _____

Parent/Guardian Declaration

I, Parent/Guardian gives a permission for my child (s), _____ to attend Sydney Programming School classes.

Signature _____

Date _____

Please Note Sydney Programming School is a **NUTS FREE**