



Welland Park Academy, Welland Park Road,
Market Harborough, Leics LE16 9DR Tel No: 01858 464795

Extended Schools Programme Enrolment Form

Name of Course

Cost of course £

Starting date.....

Surname		Forename(s)			
Date of Birth			Male		Female
Address					
			Postcode		
Telephone No.		Mobile No.			

Do you/your child have any medical condition, anxiety or disability which the tutor should know about?
Give details:

I agree to myself/my child participating in the above activity specified above. I undertake that I/s/he arrives on time for the sessions, with necessary appropriate clothing and equipment and, if appropriate, is collected promptly afterwards.

I note that:

- (a) classes may need to be withdrawn or altered, the college will take steps to inform me as soon as possible if there are any changes and advise me of possible alternatives
 - (b) the information on this form may be held on computer and will be used to contact me if necessary
- Signed by Adult/Parent/Guardian

Name (Block Letters)

Address

.....

Tel No: Home Work

Cash or Cheques made payable to Welland Park Academy

Office Use Only

Course Title	Start Date	Course Fee & Receipt No.
	Autumn	
	Spring	
	Summer	