



Afternoon Activities

Name of Child: _____

Date of Birth: _____

Address: _____

Name of Mother: _____ Contact Number: _____

Name of Father: _____ Contact Number: _____

Afternoon Activities:

1x/week	Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>
2x/week	Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>
3x/week	Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>
4x/week		<input type="checkbox"/>						

**Fees for afternoon activities are payable on a monthly basis and in advance.
Please make cheques payable to Little Stars Educational Centre Ltd.**