



ENROLMENT QUESTIONNAIRE

Outside School Hours Care

Child's Name: Age:

Class: Teacher's Name:

Food

Likes:

Dislikes:

What type of activities does your child enjoy?

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Are there any activities your child does not like to participate in?

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Would you like your child to do homework at After School Care: **Yes / No** (please circle)

Is there any further information you would like to share with us?

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Is there anything that you as a family could contribute to the program: (eg: cooking, musical talents, interesting job etc)

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