## Enrollment 2020



						Chi	ld De	tails:										
Name :																М		F
Surname:																		
Date of Birth:																		
Grade/Class:																		
Aftercare:	ΥI	ES	/	Ν	0													
Transport:	YES		/	NO			Time transport leaves:									:		
Home Address:																		
Entry workshop:																		
Advanced workshop:																		
Allergies:	ΥI	ES	/	١	lo													
					Pre	efer	able	Day	ys: x	<b>C</b>								
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					Pa	arer	its [	)eta	ils:									
MOM Name:																		
Surname:																		
Cell:								/										
Email:																		
DAD Name:																		
Surname:																		
Cell:				/				/										
Email:																		
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Name :																		
Surname:																		
Cell:				/				/										
Relationship:																		

## Please read the terms and conditions of this contract

I/We hereby agree to pay all training fees due to Robotics 4 Kids on time and up to date.
I/We hereby certify that all the details as set out herein are both true and correct and confirm that I/We have read and
understand the terms and conditions herein, and agree to be bound hereby.