



# after school programme

## application form

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

### *Please Circle Preferences*

**1st**

4pm: Monday Tuesday Wednesday Thursday Friday  
5pm: Monday Tuesday Wednesday Thursday Friday  
6pm: Monday Tuesday Wednesday Thursday Friday

**2nd**

4pm: Monday Tuesday Wednesday Thursday Friday  
5pm: Monday Tuesday Wednesday Thursday Friday  
6pm: Monday Tuesday Wednesday Thursday Friday

**3rd**

4pm: Monday Tuesday Wednesday Thursday Friday  
5pm: Monday Tuesday Wednesday Thursday Friday  
6pm: Monday Tuesday Wednesday Thursday Friday

**t-shirt  
size**

Age: 5 6 7 8 9 10 11 12