



FRITIDS REGISTRATION FORM

Child's Name.....Date of Birth.....

Child's Name..... Date of Birth.....

Child's Name..... Date of Birth.....

Home Address.....

.....

Home Telephone Number.....

Father's Name

Work Tel. No.

Mother's Name

Work Tel. No.

Please tick which service you want.

Morning Fritids only (07.30-9.00) Afternoon Fritids only (14.30-17.30)

Morning and Afternoon Fritids

Date when you wish your child to begin Fritids

I understand that once my child begins Fritids at The English School Gothenburg, I must give 2 months notice to withdraw him/her, and regardless of attendance, I am required to pay the fee for these 2 months.

Parent's Signature..... Date.....