



KAY-DEE EDUCARE CENTRE

GORDON GYMNASTICS

APPLICATION FORM



Kindly Complete and Return with your Extra Mural Fees Payment

CHILD'S FIRST NAMES:		
CHILD'S SURNAME:		
DATE OF BIRTH:		
HOME TEL:		
MOTHER'S EMAIL:		
FATHER'S EMAIL:		
MOTHER'S WORK TEL:	CELL:	
FATHER'S WORK TEL:	CELL:	

Please advise if there are any previous physical injuries or abnormalities, e.g. curvature of the spine, hip displaysia, etc. that we should be aware of.

CONDITIONS:

- ⊗ Gymnastics classes will take place during school terms only, once a week.
- ⊗ The fee will appear as a separate charge on your monthly account.
- ⊗ You may pay per month or per term.

PAYMENT PLAN:	MONTHLY: YES / NO	or	TERMLY: YES / NO
FEES PAID:		DATE PAID:	
PARENT PRINT NAME:		SIGNATURE:	
COMMENCEMENT DATE:			