KAY-DEE EDUCARE CENTRE

KARATE

APPLICATION FORM

Kindly Complete and Return with your Extra Mural Fees Payment

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

- **Karate 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.**
- **A school term's notice must be given in writing to discontinue classes.**

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