



Norfolk House School Holiday Club
Enrolment Form
October Half Term

Please return the form to d.thorpe@norfolkhouseschool.co.uk

Child's Information

Child's Name: _____

Child's Year Group: _____

Date of Birth: _____

Home Address: _____

Dates Attending:

Please include the date in the box

Thursday

Friday

Parent's Information

Parent 1: _____

Home Tel: _____ Mobile: _____

Place of Work: _____ Work Tel: _____

Email: _____

Parent 2: _____

Home Tel: _____ Mobile: _____

Place of Work: _____ Work Tel: _____

Email: _____