

AFTER SCHOOL CARE PROGRAM (ASCP)

ENROLLMENT FORM

2018/2019

CHILD

Name: _____

Address: _____

Class: _____ Telephone: _____

INFORMATION ABOUT THE CHILD-

Physician information (if available):

Physician Name: _____ Physician Tel: _____

Physician Address: _____

Allergies/Special Diet: Yes No

(If yes, explain) _____

Special Limitations or Concerns: Yes No

(If yes explain) _____

ASCP OPENING HOURS AND FEES

Morning: 07.30 – school start

Afternoon: school end – 16.45.

My child will attend the ACSP

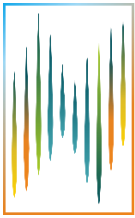
- 5 days a week (2800 NOK per month)
- 4 days a week (2300 NOK per month)
- 3 days a week (1800 NOK per month)
- 2 days a week (1300 NOK per month)
- 1 days a week (800 NOK per month)

Session

Morning Afternoon Both

Days

Monday Tuesday Wednesday Thursday Friday All



NORLIGHTS INTERNATIONAL SCHOOL Oslo

WITHDRAWAL OR CHANGE

The school needs to receive one month's written notice for any change or withdrawal. For example, a notice given on March 15 would not take effect until the last day of April and the parent would have to pay for the month of April.

CONFIRMATION AND SIGNATURE

I/We hereby confirm that all the information above is correct and that I am/we are familiar with the information in this document.

Date

Parent(s) signature