

ENROLMENT FORM 2019

FAMILY NAME		
CHILDS NAME		
CHILDS D.O.B		
PARENT/GUARDIAN NAMES A)		
B)		
CONTACT NUMBERS (A)		
B)		
Home)		
ADDRESS A)		
EMAIL ADDRESS A)		
SPECIFIC ASSISTANCE REQUIRED BY STUDENT		
i.e physical support required		
MEDICAL CONDITIONS AND MEDICATIONS REQUIRED TO BE ADMINISTERED		
i.e Asthma, Epilepsy etc		
Permission is granted for an ambulance to be called in the event of an emergency.		
Signed parent/guardian		

Costs

Please list classes to be attended below		
OFFICE USE		
Option – total classes per WEEK	Tick	
1 x 45minute class = \$12.50		
2 x 45 minute class = \$22		
3 x 45 minute class = \$35		
1 x 30 minute class = \$10		
2 x 30 minute class = \$18		
3 x 30 minute class = \$28		
A \$20 administration fee is paid at the beginning	of each vear	
Missed classes may be made up by attending an alternative class. We		
do not refund or subtract missed classes unless 2+ consecutive		
weeks are missed due to illness.		
weeks are missed ade to initess.		
Permission Slip		
do/do not give permission t	for my child	
I do/ do not give permission for my child photographs to be used in promotional material such as		
brochures/facebook/webpage/concert slideshows/Nix any not applicable)		
Signed Date		