



Children's Enrolment Form

Class:..... Cost:..... Term No:.....

Student's name.....D.O.B.....

Address.....Phone.....

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I hereby authorize..... to attend the above named course

Name of parent/caregiver.....

Relationship to child.....

Phone:.....

Person collecting child.....Phone.....

- Is your child taking medication that we should know about? Yes / No

If yes, please give details.....

- Does your child have any allergies, medical conditions or any other relevant concerns that we need to know about? Yes / No

If yes, please give details.....

- In the event that your child needs medical attention, do you give permission to contact the appropriate medical services if necessary?

Yes / No

- Are you happy for photos of your child to be used for advertising purposes ie website, facebook, fliers etc Yes / No

Please be aware that if your child is walking here from school we are not responsible for their safety until they arrive here and the class starts.

Signature:.....Parent/Caregiver