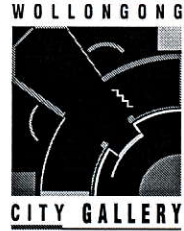


Enrolment Form



1. Child's Name	
Date of birth	Age:
2. Child's Name	
Date of birth	Age:
Name of parent / guardian	
Address	
Suburb	Postcode:
Email	
Mobile	Home:

Booking Date	
OFFICE USE ONLY:	
Received	
Payment date	
Receipt #	
Confirmed	
Comments	

Alternate emergency contact person & phone number	
Any special needs or medical conditions	

Date of workshop	Workshop Name	Name/s of children in class	Fees	Total Fees
			\$	\$
			\$	\$
			\$	\$

Choose payment method below (check one box)	Total →	\$
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<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	EFTPOS	<input type="checkbox"/>	Cash	<input type="checkbox"/>	Cheque
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Card Holder.....Card Number.....Exp.....

- I give consent for the Gallery to use images of my child & child's work for promotional purposes ie Workshop brochures, Galleries website, School Newsletter.
- Yes please keep my contact information on the email and mail lists to receive information on future workshops and Gallery activities.
- I have read and agree with the conditions stated in workshop brochure.

Signed: Name (please print): Date: