

The ARTS VILLAGE

HOLIDAY ARTS ACADEMY FOR 8-12 YEAR OLDS

OCTOBER 2019 - ENROLMENT FORM

BOOKING INFORMATION:

Name of Child: _____

Child's Age: _____

Dates of enrolment:

Please note your booking will be confirmed by The Arts Village Team via email.

- | | |
|---|---|
| <input type="checkbox"/> Monday 30th September (\$25) | <input type="checkbox"/> Monday 7th October (\$25) |
| <input type="checkbox"/> Tuesday 1st October (\$25) | <input type="checkbox"/> Tuesday 8th October (\$25) |
| <input type="checkbox"/> Wednesday 2nd October (\$25) | <input type="checkbox"/> Wednesday 9th October (\$25) |
| <input type="checkbox"/> Thursday 3rd October (\$25) | <input type="checkbox"/> Thursday 10th October (\$25) |
| <input type="checkbox"/> Friday 4th October (\$25) | <input type="checkbox"/> Friday 11th October (\$35) |

CONTACT INFORMATION:

Person(s) listed below must be contactable between 9am - 3pm

Upon collection of your child authorised persons must be able to provide photo I.D.

Primary Contact: _____

Contact Address: _____

Contact Email: _____

Contact Number: _____ Relationship to child: _____

Secondary Contact: _____

Contact Address: _____

Contact Email: _____

Contact Number: _____ Relationship to child: _____

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ADDITIONAL PERSONS AUTHORISED TO COLLECT YOUR CHILD:

Contact Name: _____

Contact Number : _____

Contact Name: _____

Contact Number : _____

GP/DOCTOR INFORMATION:

Doctor Name: _____

Clinic Name : _____

Clinic Phone Number: _____

ADDITIONAL INFORMATION:

Does your child have any particular needs we should be aware of? e.g allergies, food requirements, asthma, medical conditions etc. All medical conditions need to be discussed with The Arts Village team.

Is there anything else we should know about, in order to take good care of your child?
e.g special needs

PAYMENT INFORMATION:

For online banking, use account number 38-9016-0140025-00, write the reference as your 'CHILD'S NAME' and 'HAA' for the reference.

Payment can also be made in person at The Arts Village reception during our Office opening hours, Monday - Friday 9:30am - 3:30pm. We accept the following methods: Cash/Eftpos/Visa/Mastercard.

PERMISSIONS:

MEDIA: Please tick this box if you give permission for your child to be included in photos used for media/promotional purposes?

SUPERVISED OFF-SITE VISITS: Please tick this box if you give permission for your child to be taken on fully supervised off-site visits - these will be walking excursions within the Government Gardens unless otherwise specified.

EMAIL CONTACTS AND PERMISSIONS: Please tick this box if you would like to receive emails as part of our children's art newsletter database. We will send you up-to-date information about what children's activities are happening here and our school holiday programmes.

IMPORTANT: PARENT/GUARDIAN CONTRACT

Please sign and agree to the following terms to complete your enrolment:

I/We, _____ (Parent/Guardian name)
agree and acknowledge that:

- I will notify The Arts Village staff of any changes to enrolment information in a timely fashion.
- The Arts Village staff have my permission to arrange any necessary medical treatment at my cost. If we feel there are any health issues throughout the day you will be contacted. *Please note: The Arts Village staff and tutors are unable to administer any medication.*
- The activities are art-based and designed to engage creativity and imagination. If The Arts Village staff consider that your child is not engaging with the class you will be contacted.
- The age groups for our school holiday programme are set to 8 - 12, please respect these terms and book your child into the correct age group.
- Cancellations, for any reasons including sickness, received within 48 hours of the enrolled day will not be refunded.
- I have read and understand the enrolment information.

Signed: _____ Date: ____/____/____

OFFICE USE ONLY

Date booking received: ____/____/____ Booking received by: _____

Total Amount Due: \$_____ Receipt Number: _____

