



Kids Program Enrolment & Consent Form

For use with all Kids Programs

First Child

Name			
Surname			
Age	Date of Birth		
School			
Any special considerations required (ie. Medication)?	Yes	No	
Please Specify			

Second Child

Name			
Surname			
Age	Date of Birth		
School			
Any special considerations required (ie. Medication)?	Yes	No	
Please Specify			

Third Child

Name			
Surname			
Age	Date of Birth		
School			
Any special considerations required (ie. Medication)?	Yes	No	
Please Specify			

Household Details

Address			
Suburb			
City			
Home Phone	Work Phone		
Mobile			

Program

Day & Time			
Preferred Instructor			

How did you find out about us? (Please circle one)

Community News	Local Paper	Live in the area
Yellow Pages	Flyer	Other
Saw from Street	Word of Mouth	

Please Turn Over

Office Use Only - for use with all programs other than Holiday Program.

Amount	\$	Date Paid	Staff User Code
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