

# eastern suburbs enrolment form

**To enrol your child,** simply print out this form and fill out the details with a payment of either your credit card details, cheque, money order or lodgement receipt. You can then either scan it and email to [info@brightsparksco.com](mailto:info@brightsparksco.com) or post it to Brightsparks Eastern Suburbs, PO Box 456 Cremorne, 2090.

**Correspondence:** All correspondence is done by email so please ensure you provide a current email account on this form. If you change your email please contact the office at your earliest convenience on: 8084 5817

**Cost and dates:** Cost and dates of the workshops are on the 'workshops' page of the website. For last minute enrolments please call us on 8084 5817 to see if there are spaces available.

**Payment:** In order for your child to attend one of our workshops, payment must be made in advance of the workshop.

All cheques are to be made payable to 'The Brightsparks Co'. Alternatively, money can be transferred via the internet to:

**BSB:** 032-094 **Account:** 359917 **Name:** Brightsparks Company. Or to pay by credit card, please fill out the details below.

Once we have received your form, we will send you a confirmation letter of your child's enrolment via email or post within two weeks.

**Please place 'x' in box:** Type of card:

Visa

Master Card

Card No:    Exp Date:  /

Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**How did you hear about us? (please tick):**

Flyer  Newsletter Ad  Internet  Talk at Assembly  Word of Mouth  Newspaper Ad  Aframe

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First name

Last name

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Child's educational school:** \_\_\_\_\_

**Does your child have any illnesses, conditions, or allergies that we need to be aware of?** Please state:

**Parent's Name/s**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

First name

Last name

First name

Last name

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Class you are enrolling your child in (please circle):** BONDY PUBLIC SCHOOL ASCHAM SCHOOL DOUBLE BAY PUBLIC SCHOOL

**My child will be in the (please circle):** JUNIORS (5-8 years) SENIORS (9-12 years)

**My child will be supervised before class (please circle):** YES NO

**EMERGENCY CONTACT:** (Please provide details of someone to contact if either parent can't be reached)

Name: \_\_\_\_\_ Work Ph: \_\_\_\_\_

First name

Last name

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

**I have enclosed CHEQUE/LODGEMENT RECEIPT for:** \$ \_\_\_\_\_

**PLEASE CIRCLE THEN SIGN:**

I hereby give permission for my child to attend Brightsparks class/es and I understand that my child will be supervised for the duration of their class/es only.

**I DO / DO NOT** give permission for my child's picture to be used in any advertising material for Brightsparks. I understand that payments are not refundable.

Parent signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_