

performing arts school 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 or post it to Brightsparks Performing Arts School, 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: _____

Name AND age of workshop: e.g. 'Tap, 5-6 years' _____

Day AND time you are enrolling your child: e.g. Thurs, 4.30-5.15pm _____

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 workshops and I understand that my child will be supervised for the duration of their workshop 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: _____