

ENROLMENT FORM



Child's Information: (please complete 1 per child participating)

Surname: _____ Given name: _____

Gender: _____ DOB: _____

Parent/ Guardian Name: _____ **Relationship to child:** _____

Address: _____

Contact number: _____ **Email:** _____

Emergency Contact: (other than the above)

Name: _____ **Relationship to child:** _____

Contact number: _____

Medical Conditions:

Does your child suffer from any of the following:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Fainting	<input type="checkbox"/> Allergies	<input type="checkbox"/> Other: _____		

Does your child have an existing injury? If so, please provide details: _____

Photography/ Promotion: I give permission for myself/ my child to be photographed while participating in our Kindergym program. I consent to these photographs being published in newsletters, newspaper articles, promotional materials and websites. YES / NO

Parent Guardian Consent: I agree to myself/ my child attending Kindergym and will not hold our facility, its staff or volunteers responsible for any loss of property and/ or accident. I also give permission for medical/ ambulance assistance in case of emergency and agree to pay such costs incurred. I understand that course fees are non-refundable. I acknowledge that I am to supervise my child during each lesson.

Parent/ Guardian Signature: _____ **Date:** _____

<u>Payment Details:</u>					
Payment by: CASH / Cheque (made to Horizon Christian School) / Credit Card					
Please debit my card \$ _____		Date		CCV number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card holders name: _____			Signature: _____		