



"Tilkin Dilkin"

Early Learning Playshops

Enrolment Form

Child's Details

Surname _____	First Name/s: _____
Preferred Name: _____	Residential Address: _____

Date of Birth: _____	Gender (please circle): Male Female

Parent/Guardian Details

First Parent/Guardian Details:

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Mobile Phone: _____
Email Address: _____	

Second Parent/Guardian Details:

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Mobile Phone: _____
Email Address: _____	

Emergency Contact/Authority to Collect

(This should preferably be someone other than the parent/guardians listed above)

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Work/Mobile Phone: _____	Work/Mobile Phone: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____
Authority to Collect (Please circle): Yes No	Authority to Collect (Please circle): Yes No

Medical History/Details

Has your child been fully immunised? Yes No

If no, please specify details: _____

Injuries/Allergies/Illnesses etc

Allergies (including food allergies): _____

Illnesses: _____

Special Needs: _____

Other Important Information: _____

How did you hear about us? _____

Declaration

Name of Child/Children concerned: _____

In consideration of Imaducation Inc. accepting the above named child/children into its program, I/We the undersigned hereby understand and agree that:

- a) I/We will ensure that the Child/Children is/are accompanied to and from the location of the program by an adult and that the teacher/person in charge of the room is notified of arrivals and departures.
- b) I/We agreed to keep the Child/Children home while he/she/they are/is suffering from any infectious or contagious illness, or when he/she/they are/is in such poor health as to be unfit to participate in the normal activities of the organisations program.
- c) I/We agree to the Director of the organisation (or any other representative of the organisation) arranging for the provision of medical treatment for the said Child/Children, including the administration of prescribed medications as considered necessary in cases of emergency or where I/We or the other nominated persons cannot be readily contacted.
- d) I/We give permission for the designated emergency contact person (listed on this form) to act on my/our behalf in the event of an emergency.
- e) I/We agree that if in case of sudden illness or accident where the parent/guardian or the designated emergency contact person cannot be contacted, a representative of the organisation will act as agent for the parents and have discretionary power to seek immediate medical attention. If at any time my Child/Children is/are in need of emergency medical, hospital or ambulance services and neither parent can be located, I/We give consent for the use of those services at my/our expense.
- f) I/We agree to have our Child/Children photographed and filmed during any times of the organisations program, for the purpose of promoting the activities of the organisation.
- g) I/We give permission for the Director of the organisation (or any other representative of the organisation) to remove the Child/Children from the premises in case of an emergency arising (such as a fire) and relocate them to a safe area.
- h) I/We agree herewith to pay the required fees under the conditions set out in the Enrolment Information Package while my/our Child/Children attend/s the program.
- i) I/We understand and accept that fees must be paid in full, on the day of the first lesson of each term and that normal fees are payable at all times including for any period of absence by my/our Child/Children for illness (in the absence of a medical certificate), holidays or for any reason whatsoever. I/We also understand that if fees are not paid my/our Child/Children's continued enrolment in the organisations program cannot be guaranteed.

First Parent/Guardian Signature: _____ Date: _____

Second Parent Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Imaducation Inc. - Tilkin-Dilkin Studio For Kids Enrolment Form

Address: PO Box 137 Brighton Le Sands NSW 2216 Website: www.imaducation.org.au

Phone: 0400 231 249 Email: info@imaducation.org.au ABN 45 903 958 968



Membership Guidelines

Become a member of Imaducation Inc and receive a 10% discount on all fees, plus other benefits through out the year, including participation in projects, you may even wish to explore your own ideas for projects.

Membership Fees

One off Registration Fee: \$15.00

Annual Membership Fee: \$20.00

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APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Imaducation Incorporated (incorporated under the *Associations Incorporation Act 1984*).

I,.....
(full name of applicant)

of.....
(address)

.....hereby apply to become a
(occupation)

member of the above-named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

.....
Signature of applicant

Date.....

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