



# TILKIN-DILKIN STUDIO

## 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)*

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

# Membership Application

Imaducation Inc is a not-for-profit organisation based in Sydney. Our aim is to provide services to children, youth and the wider community. We reach out with our projects and are continually seeking new ways to connect with those in need, with a thirst for knowledge or simply those who wish to participate in our projects.



By becoming a member of Imaducation Inc, you will receive the following benefits:

- Discounts on fees
- Have the opportunity to participate in projects
- Be able to contribute your ideas to the committee
- Support the associations charity projects
- Receive ongoing benefits throughout the year with any future project

## 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.....