



**SOUTH WEST
SPORTS CENTRE**



MAGICAL LEARNING LAND ENROLMENT FORM

Start Date: Tuesday 1st, Wednesday 2nd, Thursday 3rd May 2012

Class Times: 1.00pm – 2.30pm

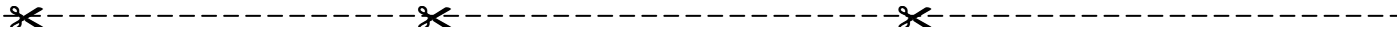
Fees: \$80.00 (8 weeks)

Age: 3 & 4 year olds

Requirements: Please bring an ART SHIRT for use during this program

Conditions of enrolment:

- **Full payment is required at the time of enrolling.** If an enrolment is made after the start date a pro rata fee will apply based on the number of classes remaining in the term.
- Refunds cannot be issued for missed classes unless a medical certificate is produced along with the enrolment receipt. If a refund is authorised it will incur a 15% administration fee on the amount refunded. Make up classes are not available.
- Minimum numbers are required to run classes. If a class is cancelled due to insufficient enrolments, you will receive a full refund.
- Parents/Guardians are required to remain in the centre at all times and to collect children from inside the centre at the end of their class



MAGICAL LEARNING LAND ENROLMENT FORM TERM 2, 2012

Name: _____

Male Female

Address: _____

Date of Birth: _____

Post code: _____

Phone: (H) _____

Email: _____

Mobile: _____

Parent/Guardian Name: _____

Please tick your preferred day: Tuesday Wednesday Thursday

Is there any known reason, medical or otherwise, that would limit your ability to participate in this course?

Yes No If yes, please specify: _____

Person to contact in an emergency?

Name: _____ Phone: _____

Permission to photograph your child for future promotional material: Yes No

Where did you hear about the program (please tick)?

- I'm re-enrolling In-centre advertising SWSC Website Radio
 Word of mouth Newspaper Cinema Ads TV
 Other (please specify) _____

Communication: As part of your enrolment, we will contact you from time to time in regards to news, events, special promotions and information pertaining to the South West Sports Centre. You can be assured that your contact details WILL NOT be provided or sold to any third party under any circumstances **Opt out**

Parent/Guardian Signature: _____

OFFICE USE ONLY

Payment received: \$ _____ Date received: ____ / ____ / ____ Receipt No. _____

Staff Member receiving enrolment: _____

Have the customer's full details been entered onto Gladstone? No Yes