

# Enrolment Form for Children (under 18 years old)



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ABN: 23 751 689 832

INCORPORATED NUMBER: A4015

**This form must be completed by a parent or guardian who has lawful authority in relation to the child.**

**Confidentiality** – Information collected by the Centre will be used for statistical purposes and shared with local government as a condition of our funding and will be kept strictly confidential. A copy of our Privacy Policy is available upon request.

**Parent or Guardian Details**     Parent     Grand Parent     Guardian

<b>Surname:</b>		<b>First Name:</b>		<b>Initial:</b>	
<b>Address:</b>	_____				
	Postcode: _____				
<b>Phone:</b>		<b>Mobile:</b>			
<b>Email:</b>					

## Children Details

First Name	Surname	Age	Female/Male	Code	Cost
					\$
					\$
					\$

If your child/children have any medical conditions that we need to be made aware of please complete this section. For example, allergies, sensitivity, asthma, epilepsy, diabetes etc

First Name	Surname	Medical Condition

<b>Country of Birth:</b>		<b>If you were not born in Australia, are you an Australian Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you an Australian Aboriginal or Torres Strait Islander?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes both		
<b>Main language spoken:</b>	<input type="checkbox"/> English <input type="checkbox"/> Other _____		

<b>How did you hear about the class/workshop?</b>	<input type="checkbox"/> Program <input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other, please specify: _____
<b>Payment Options:</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Transfer <b>BSB: 633 000 Acct Number: 130 256 902</b> Please include your name and class code for reference

## PLEASE NOTE

All children must be accompanied by a parent or guardian for the duration of the workshop/s.

I hereby declare that all information provided on this form is true and correct.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Photo Permission

At times we would like to use your children's testimonials and/or photos taken in classes or workshops and reproduce them for promotional material or any other publication made available to promote the Centre activities and we need your permission to do this. No names will be included.

Please sign the below section to give Yarra Glen & District Living & Learning Centre and its representatives the right to use, reproduce and publish testimonials or statements made by you and/or your children and/or photographs taken of you and/or your children.

I hereby release Yarra Glen & District Living & Learning Centre and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said photographs.

<b>Parent or Guardian Name:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Children Name/s</b>					