

ITALIAN SCHOOL COMMITTEE INC

Suite 9/68 Jessica Boulevard, MINYAMA QLD 4575

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Web page: www.thinkingitalian.net



ENROLMENT FORM

CHILDREN'S ITALIAN CLASSES 2010 - WEDNESDAY

(Classes commence: 3rd February 2010 Term 1)

14th April 2010 Term 2

STUDENT NAME:

STUDENT AGE: **YEAR LEVEL:**

PARENT/CARER NAME:

ADDRESS:

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PHONE No: H) **W)**

Email:

WEDNESDAY AFTERNOON: 3.45 pm – 5.00 pm

FEES: \$80 payable per term (fee includes activity book for new students)

TERM 1

TERM 2

TERM 3

TERM 4

PAID \$.....

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DATE:

DATE:

DATE:

DATE:

RECEIPT:

RECEIPT:

RECEIPT:

RECEIPT:

NOTE: Classes are in line with state school holidays

TERM 1: Wednesday 27 January - Thursday 1 April - TERM 2: Monday 12 April - Friday 25 June

TERM 3: Monday 12 July - Friday 17 September - TERM 4: Monday 4 October - Friday 10 December

NO CLASSES ON PUBLIC HOLIDAYS

CASH / CHEQUE / BANK CARD / VISA CARD / MASTER CARD /EFTPOS

PLEASE NOTE: WE DO NOT GIVE REFUNDS ONCE COURSE HAS COMMENCED.

DATE:

SIGNATURE:

Please indicate any food allergies, diet requirements, or illness relevant.

Emergency Contact:-

Name 1 _____

Ph: _____

Name 1 _____

Ph: _____

I hereby give permission for my child/children _____
_____ **to be photographed for the**

committee newsletter, web page & displays.

Signed: _____ **Date:** _____

Print Name: _____

Parent / Caregiver: _____