

**CIRKIDZ INC ENROLMENT**  
**TERM 4 13 October – 13 December 2008**

Office Use Only:  E  I  P  D  N

New Student  (Please tick)

**IMPORTANT STUFF – PLEASE READ**

Cirkidz is a fun and funky place that takes the safety of its students very seriously, but circus training and performance can be risky! This form must be completed in full prior to commencing any Cirkidz activities by a student (if over 18yrs)/parent/caregiver.

Student's current class and time \_\_\_\_\_

If a class change is being requested please indicate preferences \_\_\_\_\_

**PERSONAL INFORMATION**

Student's full name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Parent/Caregiver/Next of Kin Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact No. (if different from above): \_\_\_\_\_

Any HEALTH, ALLERGIC, MEDICATION, BEHAVIOURAL, CUSTODY or CULTURAL issues that Cirkidz should be aware of? (please circle) **Yes / No**

Details: \_\_\_\_\_

Does the student suffer from asthma? (please circle) **Yes / No (Students must carry their own asthma medication)**

Do you give permission for Cirkidz staff to apply antiseptic, band aids and cold packs for the treatment of minor injuries? (please circle) **Yes / No**

In the event of a serious injury or medical crisis, do you give permission for Cirkidz to call an ambulance to take the student to hospital and undertake to pay for the cost of the ambulance and any medical treatment required? (please circle) **Yes / No**

Student's Medicare Number? **THIS IS IMPORTANT!** \_\_\_\_\_

I give consent for me/my child/child in my care to be photographed by Cirkidz Inc employees for promotional or archival purposes (please circle) **Yes / No**

**BILLING INFORMATION**

**Enrolment will only be accepted if outstanding fees have been paid. Invoice/confirmation of enrolment will be emailed or posted prior to term commencement. Payment is due the first week of term. A 10% surcharge applies for late payments. If term fees are unpaid and alternative arrangements have not been made with the General Manager or the Program Manager, a 10% surcharge will automatically be applied to the outstanding balance. Payment can be made by credit card / eftpos / cash / cheque / direct deposit into Cirkidz' bank account (BSB 035 033, account 162559). Payment by credit card or eftpos will attract a 2% surcharge. Fees are not refundable if the student withdraws part way through the term.**

Cirkidz offers 10% sibling discount. Does the student have any siblings at Cirkidz? (please circle) **Yes / No**

If yes, please provide name: \_\_\_\_\_ and class: \_\_\_\_\_

Is the person responsible for the payment of the fees entitled to concession? (please circle) **Yes / No**

If so, please state concession card type: \_\_\_\_\_ and number: \_\_\_\_\_  
The concession card must be sighted by a Cirkidz staff member for concession to be granted.

**REALLY SERIOUS LEGAL STUFF – PLEASE READ VERY CAREFULLY**

**Circus training and performance can be risky. Cirkidz staff will never pressure a student to take part in an activity against his or her will. Students must listen to and follow Trainer instructions. Cirkidz takes the safety of students very seriously. Cirkidz does not accept liability for any injury, loss or damage sustained during the course of or associated with any Cirkidz classes or activities. Students must be suitably attired.**

**CIRKIDZ PRIVACY POLICY**

This information has been collected for the benefit of the student and will only be released as permitted by you or required by law.

**YOU MUST SIGN THIS BIT**

**I have read and completed this form carefully and the information supplied by me is correct to the best of my knowledge.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

on behalf of myself/my child/a child in my care for whom I am Parent/Caregiver