



# CIRCUS SCHOOL NEW ENROLMENT 2010

Term 1 2 3 4

You've done the responsible thing ...  
and run away to the circus!

Class \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

*Enrolment is subject to availability. Classes may be cancelled if the minimum number is not met.*

*A person must complete this form over the age of 18 years who is a parent, caregiver or guardian of the student who has the right to speak on the participant's behalf.*

Participant's Name \_\_\_\_\_

\_\_\_\_\_

M/F \_\_\_\_\_ DoB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Caregivers Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Tel \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_

Health Care     F/T Tertiary Student     Centrelink

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

To receive the concession, a Cirkidz office staff member must sight the card.

Date Office Sighted & Init \_\_\_\_\_

A 10% discount applies for a second or subsequent child in the same family enrolled in the same term.

Sibling name \_\_\_\_\_

Class \_\_\_\_\_

Sibling name \_\_\_\_\_

Class \_\_\_\_\_

Sibling name \_\_\_\_\_

Class \_\_\_\_\_

Please give details of any health, allergic, medication, behavioural, custody or cultural issues about which Cirkidz should be aware.

\_\_\_\_\_  
\_\_\_\_\_

I understand that participants are to bring a water bottle to each class & should wear comfortable clothing that allows easy movement. Long hair is to be tied back (both genders), & all jewellery removed for safety. No jeans, skirts, belts, buckles, zips or watches are to be worn when in class.

I give permission for Cirkidz staff to apply antiseptic, band-aids & cold packs for the treatment of minor injuries if necessary. Please state reactions to creams, bandaids etc above.

If the participant suffers from asthma, I understand that they must carry their own asthma medication.

In the event of a serious injury or medical crisis, I give permission for Cirkidz to call an ambulance to take the participant to hospital. I understand that I will undertake to pay for the cost of the ambulance and any medical treatment required.

I understand that Cirkidz does not accept liability for any injury, loss or damage sustained during the course of; or associated with any Cirkidz classes or activities.

I give permission for the participant to be photographed by Cirkidz staff for promotional or archival purposes.

I understand that fees are still required if the participant is enrolled yet does not attend classes.

Payment can be made by cash, cheque, EFTPOS, credit card, or direct deposit into Cirkidz bank account BSB 035-033, account 162559, please include the participant's name & class in the reference field. Invoices are only issued upon request. Alternative payment arrangements can be negotiated with Cirkidz office staff.

Please indicate your method of payment:

- Cash
  - EFTPOS Savings
  - Cheque
  - EFTPOS Cheque
  - Visa Credit
  - Mastercard Credit
- Credit card payment attracts a 2% surcharge*

Date of Direct Deposit \_\_\_\_\_

If payment is by credit card via mail, please complete below:

\_\_\_\_\_  
\_\_\_\_\_ CREDIT CARD NUMBER

Expiry Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CCV# \_\_\_\_

Amount (plus 2% surcharge) \$ \_\_\_\_\_

**By signing this form, you are agreeing to the terms & conditions stated.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

**TERM FEE PAYMENTS SHOULD ACCOMPANY THIS FORM OR BE PAID BEFORE THE COMMENCEMENT OF THE TERM.**

How did you hear about our classes?

\_\_\_\_\_

A: 100 Drayton Street, Bowden, SA, 5007  
P: +61 8 8346 5735 F: +61 8 8346 8555  
E: [program.manager@cirkidz.org.au](mailto:program.manager@cirkidz.org.au)  
W: [cirkidz.org.au](http://cirkidz.org.au)  
ABN: 59 849 043 548