



HELEN O'GRADY DRAMA ACADEMY HOLIDAY PROGRAM ENROLMENT FORM – OCTOBER 2014

CHILD'S DETAILS:

First Name: _____ Surname: _____

Venue: **KARDINYA UNITING CHURCH HALL** Date & Time: **TUES 7th Oct.** (Please circle) AM / PM session

Date of Birth: ____/____/____ Year Level at School: _____

Please list any special needs or allergies that we should be aware of:

Any friends your child would like to be grouped with:

PARENT/GUARDIAN CONTACT DETAILS:

Parent/Guardian First Name: _____ Surname: _____

Contact Number(s) for the day: _____

Postal Address: _____

Email: _____

Where did you hear about the holiday program? _____

MEDICAL AND PARENTAL PERMISSION

The information on this registration form is required to process your child's registration with the Helen O'Grady Drama Academy Holiday Program. This information is subject to professional confidentiality and will not be disclosed to any third party except as required by law. Helen O'Grady Drama Academy may use photographs, audio and video recordings of my child participating in programs in promotional material. In the event of illness or accident while participating in our holiday program, I authorise the manager in charge to consent, where it is impractical to communicate with me, to my child receiving such medical treatment as may be deemed necessary.

Name (Parent/Guardian): _____ Signature: _____

PAYMENTS: \$45 EARLYBIRD FEE (PAYMENT DUE ON OR BEFORE 27 SEPTEMBER 2014) / \$50 REGULAR FEE

PREFERRED PAYMENT METHODS:

1. Direct funds transfer through electronic banking, to: BSB & Account Number: **016-452 3473-29518 (ANZ)**
Account Name: Helen O'Grady Drama Academy **(Please include your child's name.)**

2. Credit Card. Please debit my: VISA MASTERCARD

EXPIRY DATE: ____/____/____ AMOUNT: \$ _____ SIGNATURE: _____

Refund Policy: Please note that if we are advised of cancellation more than 7 days before the commencement of the program, a full refund (less an administration fee of \$5) will apply. After that, no refunds apply, except at the discretion of the branch Principal.

Please return this form with full payment by **Saturday September 27** in order to secure a place for your child.

Helen O'Grady Drama Academy

MAIL: PO Box 712, Como, 6952 FAX: 08 9349 3503, EMAIL: Cheryl.Marron@helenogrady.net.au

Principal: Cheryl Marron Ph: 08 9349 3503 www.helenogrady.net.au