



CHILDRENS ENROLMENT FORM

Please Tick: Term 1 Term 2 Term 3 Term 4

PARENT'S/GUARDIAN'S INFORMATION

Surname: _____ First Name: _____ Preferred Name: _____

Relationship to Child: _____ Mob: _____

Address: _____ Postcode: _____

Email: _____

CHILD'S INFORMATION

Surname: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

D.O.B: _____ (dd/mm/yyyy) Please circle: Male Female

Reason for Enrolment: _____

Where did you hear about Bella Lingua: _____

Details of Medical Condition if any: _____

Copy of management action plan: Yes: _____ No: _____ Attached: _____

Classes:

Playgroup (Babies – 3yr)

Prescolari (3-5yr 1 hr class)

Prescolari (4-5yr - 3 hrs)

Prescolari Immersione Totale (4-5yr-5 hrs)

Scolari (Prep)

Scolari (Gr1-2)

Scolari (Gr3-6)

Scolari Secondari (Yr7-10)

Privati

Preferred Day: _____

Terms and Conditions

Make-up sessions: If your child misses a class due to illness, please let us know via text as soon as possible. Make-up sessions may be available during the term in which the class was missed. Sessions are not conducted on public holidays. **Enrolment Confirmation:** Once the invoice has been paid an email will be sent to confirm your payment and this also acts as your enrolment confirmation.

I acknowledge that I have read and agree to the terms and conditions. I give permission to Bella Lingua to use video and images of my child participating in class activities for the purposes of promotion. Bella Lingua does not disclose any personal contact information provided on this form for use by a third party, in compliance with the National Privacy act and relevant Anti Spam Act. Yes No

PAYMENT INFORMATION (office use only)

EFT- Direct Deposit

Account Name: NAB

BSB: 083-202

Account #: 133 – 015 - 230

As a reference please state your Family Name.

Date of Payment:

Signature: _____ Date: _____