



Holiday Program Enrolment Form

Child's given name: _____ Child's family name: _____

Date of birth: ____/____/____ Age: ____ Gender: _____

Parent/Guardian full name: _____ Phone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email address: _____

Emergency contact name: _____ Phone: _____

Medical conditions / allergies: _____

The studio will not be providing food and drink. Parents must ensure children are provided with enough food and drink each day.

Payments must be paid in full. No refunds will be allowed once the holiday program has commenced.

FEES

- Full day \$80
- Five full consecutive days \$400
- Early bird discount \$350*

**Early bird discount only applies when booking for all five full consecutive days and payment is received before 15th June.*

I would like to book for the following days (please tick appropriate boxes):

- Monday 9th July
- Tuesday 10th July
- Wednesday 11th July
- Thursday 12th July
- Friday 13th July
- All 5 days

Total: \$ _____

Staff accompanying students on excursions will take all responsible care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff are not responsible for injuries or damages to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

Project Beats staff reserve the right to contact parents to pick up their children due to misbehaviour.

- By ticking this box, I give permission for Project Beats to seek emergency services (medical, hospital, ambulance) if the need arises.
- By ticking this box, I give permission for Project Beats to taking photographic, sound and video images of my child or my child's likeness and using them in print, digital and electronic media for the purpose of promoting Project Beats.
- By ticking this box, I understand that standard drop-off time is between 8:30am – 9:00am, and that pick-up time is between 2:30pm – 3:30pm. To arrange an early pick-up, I understand that the Director must be informed at drop-off (on that day) or by calling reception (6101 0975) no later than one (1) hour before desired pick-up time.

Name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Please sign and return this form to projectbeats.studio@gmail.com and we will forward you an invoice for payment and additional information. If you have any questions, please contact us via email or 6101 0975.