

Application to Enrol Form

Term 1 2020 After School Club



Enrolments are essential for all programs. Enrolments are confirmed upon receipt of payment.

Payment must be received in advance and prior to attending a session. Pay at Reception or by phone 6264 0200.

Session Choices (please tick)

Session	Start Date	End Date	Day of Week	Start Time	Finish Time	Cost per child per 6 week term
<input type="checkbox"/> Music Maker	03/03/20	07/04/20	Tues	4:00pm	5:30pm	\$180.00
<input type="checkbox"/> FunART	04/03/20	08/04/20	Wed	4:00pm	5:30pm	\$210.00
<input type="checkbox"/> Junior Gym	05/03/20	09/04/20	Thurs	4:00pm	5:00pm	\$90.00
<input type="checkbox"/> Music and Movement	05/03/20	09/04/20	Thurs	4:00pm	5:30pm	\$150.00

Participant Details – Child 1

First Name _____ Preferred Name _____
 Last Name _____ Middle Name _____
 Date of Birth _____ Gender _____
 Country of Birth _____ Main Language _____
 Ethnicity / Cultural Information
 Child identifies as an Aboriginal and/or Torres Strait Islander person Other
 Child identifies as an Aboriginal person
 Child identifies as a Torres Strait Islander person _____
 Medical Conditions to be aware of _____

Participant Details – Child 2

First Name _____ Preferred Name _____
 Last Name _____ Middle Name _____
 Date of Birth _____ Gender _____
 Country of Birth _____ Main Language _____
 Ethnicity / Cultural Information
 Child identifies as an Aboriginal and/or Torres Strait Islander person Other
 Child identifies as an Aboriginal person
 Child identifies as a Torres Strait Islander person _____
 Medical Conditions to be aware of _____

Parent / Carer Details (recorded as Primary & Emergency Contacts)

First Name _____ Last Name _____
 Mobile Phone _____ Email _____
 Best Method for Communications (tick one – email preferred) Mail Phone Email Text
 Mailing Address _____
 Suburb _____ State _____ Postcode _____

Authorisations (tick to confirm understanding and agreement)

I agree that BCS staff may apply first aid and understand that in the absence of a specific treatment plan provided by the participant's doctor, that standard First Aid will be administered.
 I further understand that BCS will always call an ambulance where a health condition requires emergency medical assistance.
 I undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and medication.
 I give permission for BCS to take and use photographs/video footage of myself and my child/ren for publicity, promotional, and reporting activities in print and online media.
 I would like to receive information about BCS activities and programs.
 I heard about this program via: Word of Mouth Flyer/Brochure BCS Website Facebook LinkedIn NDIA
 Another Client Newsletter Google Instagram Twitter News/Print Media

Parent/Carer's Signature _____ Date _____

BCS OFFICE USE ONLY	<input type="checkbox"/> Participant added to FFS Service Agreement.	Entered by:	Checked by:
	<input type="checkbox"/> Participant enrolled in each session & SA service numbers added.		
	<input type="checkbox"/> Participant details confirmed and updated as required.		

Post: PO Box 679 Belconnen ACT, 2616 **Email:** bcs@bcsact.com.au **Fax:** 6253 2901

In person: Belconnen Community Centre, Swanson Court, Belconnen; opposite Belconnen Bus Interchange