



KINDER MOVES ENROLMENT FORM:

Name of child 1: _____

Sibling 2: _____

Date of Birth: 1/ _____ 2/ _____

Telephone: (h) _____ (w) _____ (m) _____

Email Address: _____

Address: _____ P/Code _____

Postal Address: _____

I PREFER TO BE CONTACTED BY: (Please circle) Email SMS Phone _____

Emergency Contact Person (parent or guardian) _____

Doctor Name: _____ Doctor Phone: _____

Please enrol my child/ren in the Kinder Moves Program: - Refer to timetable

Day: _____ Class reference _____

Date of Commencement: _____

Time of session: _____

**Enrolment fee \$25per child (includes information pack and shirt PAYABLE ONCE ONLY)
Fee: term fee = term weeks x \$15. A 20% discount applies for siblings**

Payment: Cheques payable to "Leaps & Bounds Childrens Fitness Centre"

Cheque Money Order Cash Internet Deposit BSB 484 799.Acc 600383333

Amount: \$ _____

Photos

As the Parent / legal guardian of _____ (child/rens name), I

DO / DO NOT give permission for photos of my child/ren, to appear in marketing material or on the web site for Leaps & Bounds Childrens Fitness Centre.

SIGNED: _____ DATE _____

Refunds

If a child cannot attend the remainder of the term due to medical reasons a refund of the balance of the term payment can be provided less a \$15 admin fee providing notification and medical evidence is produced by the 4th week of the term. Enrolments cannot be transferred to another child or another term unless for medical reasons as approved by the Mini Moves coordinator. Refunds are not available for missed sessions however "catch up classes" will be available in the last week of term.