



CLASS TYPE: _____

CLASS TIME / DAY: _____

PERSONAL DETAILS:

| | |
|---|---|
| Child's Name | |
| Childs DOB | |
| Parent / Guardian Name | |
| Postal Address | |
| Contact phone / mobile | |
| Email address | |
| MEDICAL CONDITION / FOOD ALLERGIES | YES NO |

FINANCIAL

Fees can be paid via:

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

| FEES | AMOUNT | DATE PAID / METHOD/ RECEIPT # |
|---------------|---------------|--------------------------------------|
| ENROLMENT FEE | | |
| TERM FEE | | |

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 _____

AGREEMENT

As the parent/guardian I agree to the terms and conditions of enrolment at Leaps & Bounds Childrens Fitness Centre as outlined in the Parent Guide.

NAME: _____ DATE: _____

SIGNATURE: _____