



Narre Community Learning Centre Inc. Funtime Enrolment Form

Date: _____

Office use only:

Z30 –MOU

Profile/HESG

L – Apprentice/Trainee

Fee for Service

Information recorded on SMS

Name: _____ Date: _____

How did you hear about us: _____

Name (CHILD)

1. Enter full name Preferred Name: Title Parent/Guardian's Name	Surname (Legal Family Name)	Given Names (Legal Given Names)
	_____	_____

	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____	
Full Name: _____	Telephone: _____	
Relationship to student: _____		

Child's Date of birth

2. Enter child's date of birth	Day/Month/Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
		dd	mm	yyyy

Gender

3. Gender (tick one box only)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Parent/Guardians Date of birth

3. Enter child's date of birth	Day/Month/Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
		dd	mm	yyyy

Course Details

Name of Course		Total Fees	Amount Paid (Fee/Deposit)
Deferred Group – 4 Year Olds	2 Sessions/3 Sessions	\$	\$
Funtime – 3 Year old's	Tues AM Wed AM Thurs AM Fri AM	\$	\$
Booking Fee	This must be paid with all Funtime bookings, please use this section if the fee has not been paid separately.	\$	\$
Registration Fee \$10.00			
Total Fee Paid at time of Enrolment			\$

Usual Residence

<p>4. What is the address location and postcode of the suburb, locality or town in which you usually live?</p>	<hr/> <hr/> <hr/> <p style="text-align: center;">Postcode</p> <hr/> <hr/>
Telephone:	Home: _____ Mobile: _____
E-mail Address:	_____

Postal address

<p>5. What is your postal address (<i>if different from above</i>)?</p>	<hr/> <hr/> <hr/>
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Language and cultural diversity

<p>6. Child's Country of Birth</p>	<p><input type="checkbox"/> Australia <input type="checkbox"/> Other - please specify Country AND Town/City</p> <p>If the child was not born in Australia please indicate which of the following apply to them?</p> <p><input type="checkbox"/> Australian Citizen or Eligible Resident <input type="checkbox"/> Overseas Resident <input type="checkbox"/> None of the above. Please consult our staff regarding your enrolment</p> <hr/>
<p>7. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often)</p> <p>English only – Go to Question 9</p>	<p><input type="checkbox"/> No, English Only <input type="checkbox"/> Yes, other - Please specify</p> <hr/>
<p>9. Are you of Aboriginal or Torres Strait Islander origin? (<i>For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.</i>)</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander</p>

