

ENROLMENT FORM

BRAINY KIDS FUN



Child's name: _____

Date of Birth: _____ Year Level in 2007 _____ Male/Female _____

School: _____

Parents' Names: _____

Child's Address: _____

Telephone: A.H _____ B.H _____

Mobile: _____

e-mail: _____

Does your child have any ongoing medical condition? YES / NO

Please specify: _____

Emergency contact name: _____

Phone: _____

Emergency medication carried by your child: _____

In an emergency, if medical assistance is needed for my child, I assent to BRAINways EDUCATION staff taking whatever steps are necessary. (Please note: We regret that BRAINways EDUCATION staff is unable to dispense medication, except in an emergency). I understand once applications have been confirmed there will be no refunds. It is important you complete payment details below.

Parents Signature: _____ Date: _____

***** PLEASE COMPLETE PAYMENT DETAILS HERE*****

CHEQUE/MONEY ORDER: Drawer: _____

Bank: _____ Amount (incl. GST): \$ _____

CARD NO: _____ / _____ / _____ / _____

NAME ON CARD: _____

EXPIRY DATE: _____ / _____ Amount (incl. GST): \$ _____

SIGNATURE: _____

Please send this form/payment to BRAINways EDUCATION. P.O. Box 505, Indooroopilly, 4068

BRAINways EDUCATION ABN: 88 115 925 730