



# MOUNT STREET NEIGHBOURHOOD HOUSE INC.

Reg. Number: A0010410M

ABN: 54 013 365 747

RECEIPT NUMBER

## ENROLMENT FORM FOR CHILDREN

Term: 1 / 2 / 3 / 4  
Year: 201.....

- Please note:**
- 1) Refunds will not be given unless a course is cancelled.
  - 2) No student may attend a class without the completion of an enrolment form.

### Personal Details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Parent's Name & Mobile: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### Privacy Information:

*The information on this form is collected for the sole purpose of Mount Street Neighbourhood House Inc. (the House) to identify its students for safety and insurance purposes. It is a legal requirement for the House to have the details of all students enrolled in classes. If you do not wish to fill out this form, you will not be covered by our Public Liability insurance and the House would be unable to permit you to undertake a course here. Your personal information is seen only by the Office Staff and Tutors. It will not be disclosed to a third party without your consent, unless we are required or authorised to do so by law or other regulations. The enrolment form is kept for a period of 3 years, after which time it is shredded. Our class list, which only has your name and phone number on it, is kept in perpetuity for insurance purposes. By signing this form you are giving consent to the information to be seen by staff members of the House.*

Discounts are available on most courses over 4 weeks duration. By providing these details below, you are giving consent to your information being seen by Office Staff.

Centrelink Health Care Card     Centrelink Pension/Concession    Card Number: \_\_\_\_\_  
 Card sighted by Office Staff?

### Course Details:

Course Name: (1) \_\_\_\_\_ Day & Time: \_\_\_\_\_  
 (2) \_\_\_\_\_ Day & Time: \_\_\_\_\_  
 Costs: (1) \_\_\_\_\_ (2) \_\_\_\_\_ Total: \_\_\_\_\_  
 Absences during Term (to be more than two & consecutive for credit to apply): \_\_\_\_\_

### Medical Details:

Does your child have a medical condition or disability that staff need to know about?  
 YES     NO

Details:

*We aim to ensure that our facilities meet the needs of our students. If you have an illness, injury or disability that you believe it is important we know about, please provide details. All information collected is solely for the purpose of ensuring your needs are met both in class and in the event of a medical emergency. This information is not disclosed to any person without your consent.*

### Consent:

My signature below confirms my consent to Mount Street Neighbourhood House Inc. seeking, or where appropriate, administering such emergency treatment as is reasonably necessary. My consent also extends for the tutor of my course to have access to my child's full name, phone number, medical and emergency contact details in order to ensure that the most appropriate action can be taken in the event of such an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

- New :   
 Returning :   
 Entered :