



Term and Holiday programme ENROLMENT FORM

Child 1 full name _____

School _____

DOB _____ Allergies _____

Child 2 full name _____

School _____

DOB _____ Allergies _____

Term Programme 2011 (tick a box)

	Term 1	Term 2	Term 3	Term 4
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holiday Programme 2011 (tick a box)

	Jan	April	July	Sep/Oct
Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Details

Care giver 1st name _____

Surname _____

Street address _____

Suburb _____

City _____ Postcode _____

Home Tel _____ Mobile _____

Email _____

Facebook member Facebook name _____

Payment Details

Term Programme: \$130 **Holiday Programme:** \$135, \$110 for 4 day week, \$90 for 3 day week

Discount: 10% for earlybirds and for bookings of more than 1 kid per family

Method: By cheque, or electronic payment.

Account Name: Arts Therapy (NZ) Trust **Account no.:** 12-3016-0609885-00

Please read and sign Terms and Conditions overleaf.

Return signed form with payment to the address below:

Level 2, 81 New North Rd Eden Terrace, Auckland
PO Box 8350, Symonds Street, Auckland 1150
T 623 6208 F 623 6219 E info@artstherapynz.org.nz

Terms and Conditions

I, _____ NAME

of _____ ADDRESS

('the Parent or Guardian') agree to be bound by the following terms and conditions of the ARTS THERAPY (NZ) TRUST ('the School') art classes in relation to art classes that the School will provide

_____ NAMES OF CHILDREN

- The Parent or Guardian will collect the child(ren) at the end of the Term/Holiday Programme session enrolled in and no later than 10 minutes from the end of the session.
- The Parent or Guardian agrees that the child(ren) may only be collected by him/herself or the person(s) listed below provided that such person(s) are able to produce photo identification to the School if requested:

_____ NAMES
- In the event a child will not be collected from the School, the Parent or Guardian consents to make alternative arrangements. The Parent or Guardian acknowledges that the School or agents will not be responsible whether in contract or negligence for any harm or injury caused to or suffered by the child in the event that the Parent or Guardian provides such consent.
- Enrolment fees shall not be refunded after the date of the term commencement for which the child(ren) is enrolled.

Consent

Please tick if you consent to your child(ren)'s artwork being photographed and activities in the children's Art Programme being photographed. Images may be used for publicity purposes such as Arts Therapy (NZ) brochures, website and/or trade shows.

Please tick if you do **not** wish to be updated about upcoming classes and programmes. If you do wish to be updated, leave blank.

Signed _____

Parent / Guardian

Print name _____

Date _____