



## ENROLMENT FORM

## CARLINGFORD

Child's name.....

Date of Birth ..... Age .....

Parent's / Carer's Name .....

Email .....

Phone (h) ..... (m) .....

Enrolment Preference:

1st Preference Day ..... Time .....

2nd Preference Day ..... Time .....

**Carlingford – Term One 2016**  
**Classes starts Monday 1<sup>st</sup> February 2015-Friday 1<sup>st</sup> April 2016**

**ART 'N' MOVE / PLAY 'N' MOVE \$180**  
**LEARN 'N' MOVE \$200**

**Enrol with a Friend and save \$10 per child**

**TERM FEES MUST BE PAID IN FULL TO SECURE A PLACE IN THE PROGRAM**

### Payment options:

Please contact Karen Kemp on 0406 750 789 to check class availability, then forward enrolment form and payment / direct deposit / credit card details to: ART 'N' MOVE Northern Districts: 10a Coleman Avenue, Carlingford, NSW 2118.

- Cash**
- Direct Deposit** - Account Name: ART 'N' MOVE Northern Districts  
Please enter child's name and & CFORD (for Carlingford) as a reference
- Credit Card** - Visa / Mastercard (circle one)



Amount: \$ \_\_\_\_\_ (Please note a \$2 processing charge applies to credit cards)

Number \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Name on card ..... Signature .....

Numbers are limited to 11 and places are allocated on a first come first serve basis.  
ART 'N' MOVE PTY LTD reserves the right to refuse admission to any participant who poses a disciplinary problem to our teachers or disrupts the learning for other participants