



Cheltenham Community Centre CHILDRENS SHORT COURSE ENROLMENT FORM 2010

Personal Details:	Parents Family Name:	Parents First Name:
Childs Full Name:		Childs Date of Birth:
Address:		Post Code:
Email Address:		Please tick if would you like CCC info updates <input type="checkbox"/>
Phone: (H)	(W)	(M)

Emergency Contact Information:	**not parent attending**
Name:	Phone:
Relationship:	Mobile:

Medical condition: Do you/your child have a medical condition or permanent disability that we should know about or that may affect your/their participation in class? Y / N *(if yes, please circle disability type)*

Disability: Vision Hearing Physical Intellectual Chronic Illness Learning
 Mental Illness Acquired Brain Impairment

Medical condition: Allergies Diabetes Epilepsy Heart

Other *(please indicate)*:

How did you find out about our program?:

Flyer in mailbox
 Ad in local paper
 Word of mouth
 Website
 Street Signage
 Other (please state) _____

PRIVACY STATEMENT

Cheltenham Community Centre (CCC) offers a range of education and community programs.

When you enrol with us, we ask for details about yourself which will be used as our point of contact. This information is **only** used for funding and planning purposes.

You are also required to provide us with an emergency contact. Please ensure that this person is aware that their contact details have been given to us and that you have their consent to provide this information.

If you have any concerns about providing the information requested, please speak to our reception staff who will be able to assist you. Please be assured that any information provided to us is kept confidential and any concerns you may raise about the way we handle your information will also be kept confidential.

If you would like access to the records we hold about you or you would like to correct or update any information, please speak to reception staff who would be pleased to discuss this with you.

PHOTOGRAPH & VIDEO AUTHORITY

I give permission to CCC to use my/my child's photograph &/or video footage for the use of CCC activities... eg. AGM presentation or advertising

Yes No

MEDICAL AUTHORITY

I authorise you in the event of injury or accident of my child/ren to obtain medical assistance as required.

Yes No

PARENT DECLARATION

I have read the above information and understand the purposes for the collection of my personal information and information I have given about others.

Name:..... Date:.....

Signature:.....

CCC COURSE INFORMATION

Fees:			CONCESSION: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Course Name:			Course Code	Total Fees
				\$
				\$
				\$
				\$
OFFICE USE ONLY:				
Student ID:	Entered by:		Date:	