



Leaps & Bounds

Childrens Fitness Centre

## Mummy and Me ENROLMENT FORM:

Name of child 1: \_\_\_\_\_

Name of child 2(sibling): \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Date of Birth: 1/ \_\_\_\_\_ 2/ \_\_\_\_\_ 3/ \_\_\_\_\_

Contact Person (parent or guardian) \_\_\_\_\_

Contact Person Telephone numbers:(h) \_\_\_\_\_

(w) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

I PREFER TO BE CONTACTED BY: (Please circle) Email SMS Phone

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

### Please enrol me in the Mummy and Me Program: - Refer to timetable

Day: \_\_\_\_\_ Class reference \_\_\_\_\_

Date of Commencement: \_\_\_\_\_

Time of session: \_\_\_\_\_

**Enrolment fee \$25 (includes information pack and shirt)**

Payment: Cheques payable to "Leaps and Bounds Childrens Fitness Centre" "

Cheque  Money Order  Cash  Internet Deposit BSB 484 799.Acc 600383333

Amount: \$ \_\_\_\_\_

#### **Photos**

As the Parent / legal guardian of \_\_\_\_\_ (child/rens name), I

DO /  DO NOT give permission for photos of my child/ren, to appear in marketing material or on the web site for Leaps & Bounds Childrens Fitness Centre.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_