ITALIAN AFTER SCHOOL HOURS - SEMESTER 1, 2016

COMPLETED FORMS+PAYMENT DUE: 4 February 2016

Places are allocated on a first-come-first-served basis

TUITION FEE FIRST CHILD: $315 per semester
TUITION FEE SIBLING: $285 per semester

Semester 1 STARTS 16 February 2016 and ENDS 23 June 2016
3 WEEK EASTER BREAK 21/3 — 10/4

ENQUIRIES:
Marzia Mauro
Ph: (07) 3262 5755
Fax: (07) 3262 9985
enquiries@italianlanguagecentre.org

PLEASE RETURN YOUR ENROLMENT FORMS TO:
Italian Language Centre
PO Box 59, Albion BC Q 4010
or by FAX or E-MAIL

COURSES OFFERED: BRISBANE NORTH

Tuesday
Mitchelton State School
47 Glen Retreat Rd
Mitchelton
Tuesday 3.10pm - 4.30pm
- PREP / GRADE 3
- GRADE 4 / GRADE 6

Wednesday
ILC NEWMARKET
42 Newbery Street
Newmarket
Wednesday 3.30pm - 4.45pm
- PREP / GRADE 2
- GRADE 3 / 6
- GRADE 7 / 8

Thursday
Holy Spirit Primary School
36 Villiers Street
New Farm
Thursday 3.10pm-4.30pm
- PREP / GRADE 2
- GRADE 3 / 5

COURSES OFFERED: BRISBANE SOUTH

Tuesday
St Martin’s School
66 Broadway St
Carina
Tuesday 3.10pm - 4.30pm
- PREP / GRADE 1

Thursday
St Martin’s School
66 Broadway St
Carina
Thursday 3.10pm - 4.30pm
- GRADE 2 / GRADE 3
- GRADE 4 / GRADE 5

Parents of Prep Children are encouraged to participate in the lessons.

ENROLMENT/PAYMENT FORM 2016
ITALIAN AFTER SCHOOL HOURS - SEMESTER 1
Due Date: 4 FEBRUARY 2016

PARENT DETAILS
Parent/Guardian Name: __________________________________________________________
Address: _______________________________________________________________________
Suburb: ______________________ P/Code: _______ Email: _____________________________
Phone: (h)_____________________ (w)_____________________ (m)_____________________

I WISH TO ENROL MY CHILD/CHILDREN:

1st Child Fee - $315
Name: _______________________________________________ M/F_______ Date of Birth: ___/___/___
Refer to front page and select venue: ______________________ Week day: ______________________
Where does your child go to school?: ______________________ Suburb: ______________ Yr/Grade __

Sibling 1, Fee - $285
Name: _______________________________________________ M/F_______ Date of Birth: ___/___/___
Refer to front page and select venue: ______________________ Week day: ______________________
Where does your child go to school?: ______________________ Suburb: ______________ Yr/Grade __

Sibling 2, Fee - $285
Name: _______________________________________________ M/F_______ Date of Birth: ___/___/___
Refer to front page and select venue: ______________________ Week day: ______________________
Where does your child go to school?: ______________________ Suburb: ______________ Yr/Grade __

Total Amount: __________________________________________

PAYMENT INSTRUCTIONS
Payments can be made by:
• CHEQUE - Payable to Co.As.It. Mail to: PO Box 59, Albion BC Q 4010
• CASH/ EFTPOS - In person at 35 Dover Street, Albion.
• DIRECT DEPOSIT - Please attach a print-out of your transfer receipt to this page.
  BANK: Westpac (New Farm Branch)
  ACCOUNT NAME: Co.As.It.
  BSB: 034-065
  ACCOUNT NUMBER: 142021
• CREDIT CARD - Please complete the credit card details section below or call our office on 3262 5755. (Sorry, we cannot accept AMEX cards)
For security reasons please make sure that you send the enrolment form with your credit card details to ILC’s fax number: 07 3262 9985. Please DO NOT send it by post or e-mail.
Name on card: ___________________________________________________________________
Card number : __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
Date of expiry: __ __ / __ __ CCV code: __ __ __ Amount: $ ____________________

OFFICE USE ONLY
Date Received: __________________________
Amount Paid: __________________________ Receipt Number: _________________________
Re: Liability for unsupervised students before and after the After Hours Language & Culture Classes.

Dear Sir/Madam,

I ______________________________, as a parent or legal Guardian of the hereafter named student/s participating in the Italian language and culture classes conducted by your Association, acknowledge and agree to be bound as an essential condition of the Association providing such class to my children. The Centre is not responsible in any way whatsoever for provision of supervision before or after any such class.

Name of student/s attending:  
____________________________  
____________________________  
____________________________  

Location of attendance:  
____________________________  
____________________________  
____________________________  

Signature Parent/Guardian:  
____________________________

Print name:  
____________________________

Date:  ___/___/_______

AUTHORITY FOR PUBLICITY & PROMOTIONS

I authorise the Italian Language Centre to take and use any photographs of my child/children:  
____________________________

In conjunction with any wording or drawing, in any Italian Language Centre publication, production, presentation or advertisement that is directly related to the Education program of the organisation.

Signature of Parent/Guardian:  
____________________________

Date:  __________________
MEDICAL INFORMATION

Child’s name: ____________________________________________
Date of Birth: ___/___/_________

Emergency Contact (Please list 2 contacts):

1. Name: ________________________________________________
   Relationship: __________________________________________
   Phone (Daytime): _______________________________________
   Phone (Evening): _______________________________________
   Address: ______________________________________________

2. Name: ________________________________________________
   Relationship: __________________________________________
   Phone (Daytime): _______________________________________
   Phone (Evening): _______________________________________
   Address: ______________________________________________

Family Medicare number: ________________________________

<table>
<thead>
<tr>
<th>Details</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>1. Heart Trouble</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2. Respiratory Problems</td>
<td>Yes / No</td>
</tr>
<tr>
<td>3. Allergies</td>
<td>Yes / No</td>
</tr>
<tr>
<td>4. Blood Pressure</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5. Epilepsy</td>
<td>Yes / No</td>
</tr>
<tr>
<td>6. Operations</td>
<td>Yes / No</td>
</tr>
<tr>
<td>7. Recent Illness</td>
<td>Yes / No</td>
</tr>
<tr>
<td>8. Drug Reaction</td>
<td>Yes / No</td>
</tr>
<tr>
<td>9. Tetanus up-to-date</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Date of last injection</td>
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</tr>
<tr>
<td>10. Pain killers</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Panadol</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Yes / No</td>
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</tbody>
</table>
COLLECTION OF STUDENT AUTHORITY FORM

*Please note this form must be returned even if mother/father always collect their child/children

I, _______________________________________________________________ give permission for the nominated persons to collect my child/children ______________________________________ from the After Hours Italian Language and Culture Classes being held at ______________________

Please list 2 contacts below in addition to MOTHER (name)________________________________________ FATHER (name) ____________________________, who may also collect your child/children.

Place n/a below if not applicable.

1. Name: ________________________________________________________________
   Relationship: __________________________________________________________
   Phone (Daytime): ______________________________________________________
   Phone (Evening): ______________________________________________________
   Address: _____________________________________________________________

2. Name: ________________________________________________________________
   Relationship: __________________________________________________________
   Phone (Daytime): ______________________________________________________
   Phone (Evening): ______________________________________________________
   Address: _____________________________________________________________

Signature Parent/Guardian: _____________________________________________
Print name: __________________________________________________________
Date: _____/____/________

IF NEITHER OF THESE CONTACTS CAN COLLECT THE STUDENT AT THE DESIGNATED TIME PLEASE CONTACT THE OFFICE ON 3262 5755