

ENROLMENT FORM FOR WORKSHOPS

A signed copy of this enrolment form and booking details form must be posted, faxed or emailed to Hendersons.

PARENT / GUARDIAN DETAILS *(please print)*

Title..... First Name Surname

Address Suburb Post Code

Phone (Home) Phone (Business) Mobile Phone

(During workshop hours)

Email

STUDENT DETAILS *(please print)*

First Name Surname

Current Year Level..... Date of Birth /..... /..... male female

Please detail any food that your child should not eat (medical reasons only)

.....

Please list any medical conditions we should know about

.....

Terms And Conditions

1. We reserve the right to cancel or reschedule any workshop where there are not sufficient bookings.
2. If a student cancels or changes for any reason, a refund will be made depending on when the cancellation or change was received. Cancellation charges will be assessed as follows:
 - 3 or more days prior to workshop : Full refund or transfer to another class
 - 2 or less days prior to workshop : 50% cancellation fee of that days workshop
3. It is the responsibility of parents/guardians to ensure that staff can contact them easily during all sessions. Please make sure that we have a phone number for you on the day of any session attended.
4. It is the responsibility of parents to advise Hendersons of any foods a child should not eat or medical problems.

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I have read, and acknowledge, these conditions of enrolment above and in the Information Booklet or from the internet.

Signed Date /..... /.....

BOOKING DETAILS

Snapshot 3/4	<i>Cost</i>
Commencing Day Date <input type="checkbox"/> am <input type="checkbox"/> pm	\$ 600
Snapshot 5/6	<i>Cost</i>
Commencing Day Date <input type="checkbox"/> am <input type="checkbox"/> pm	\$ 600
Writing Beyond Primary School	<i>Cost</i>
Commencing Day Date <input type="checkbox"/> am <input type="checkbox"/> pm	\$ 600
You Pull The Strings	<i>Cost</i>
Commencing Day Date <input type="checkbox"/> am <input type="checkbox"/> pm	\$ 600
Introduction to Problem Solving <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 5 <input type="checkbox"/> Year 7	<i>Cost</i>
Commencing Day Date <input type="checkbox"/> am <input type="checkbox"/> pm	\$ 400
Reduce payment by \$20 if made in one payment	TOTAL COST \$

PAYMENT INFORMATION

CREDIT CARD DETAILS <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	AMOUNT ENCLOSED TODAY \$
Card Number	
Cardholder's Name: Expiry Date	

* Minimum deposit of \$100 with balance due day 2.