

**WORKPLACE SCHOOL  
HOLIDAY ART WORKSHOP  
ENROLMENT FORM**

<b>1. Student Name</b>				
Date of Birth/Grade				
Email				
Address				
Mobile/Phone				
<b>2. Student Name</b>				
Date of Birth/Grade				
Email				
Address				
Mobile/Phone				
<b>Name of parent/ guardian/ and authorized person(s) for child collection</b>				
<b>Date of Workshop</b>	<b>Company Name</b>	<b>No. of Students</b>	<b>Course fee</b>	<b>Total fees</b>
			\$120.00	
		10% Sibling Discount if applicable	-\$12.00	
			<b>TOTAL FEES DUE</b>	
<b>CREATIVE KIDS VOUCHER</b>				
If using the \$100 Creative Kids Voucher please provide the following information:				
(Information as it appears on your Creative Kids Voucher)				
<ul style="list-style-type: none"> <li>• <u>16-digit Creative Kids Voucher Number</u> :</li> <li>• <u>Child's Date of Birth</u> :</li> <li>• <u>Child's Name on Voucher</u></li> </ul>				
<b>MEDICAL INFORMATION</b>				
Please advise of any special needs or medical conditions, including condition, symptoms, medication and action plan:				
<input type="checkbox"/> I have read and agree with 'Gardens of the Mind's Terms and Conditions of Enrolment				
<b>SIGNATURE:</b>		<b>DATE:</b>		
Please Return form to E: <a href="mailto:gotmcreative@gmail.com">gotmcreative@gmail.com</a>				