

**AFTER SCHOOL PERFORMING ARTS PROGRAM
CIRCUS & DRAMA
WAITING LIST FORM**

Ph: 9387 6886

Fax: 9388 2379

Email: Brunswick.sw.ps@edumail.vic.gov.au

Child's Name:

Parent's Name:

Teacher:

Child's Age: (Students must be a minimum of 8 y/o)

Home Address:

Telephone Nos:

Email:

Preferred Day: Monday Tuesday
(Please circle)

PLEASE ENROL THE ABOVE STUDENT INTO THE AFTER SCHOOL CIRCUS & DRAMA CLASSES. I UNDERSTAND THAT IF A PLACE IS NOT AVAILABLE, MY CHILD WILL BE PUT ONTO A WAITING LIST.

*# Please note: By enrolling your child into a 'Performing Arts Program' you agree to pay the **full terms** fees even if your child drops out of the program before or during the term. **Fees are due by the first lesson each term.***

Parent Signature: 

Office Use Only

Payment Method: Cash / Cheque / Card

Date Received at office:

Start Date: