

Bowen Street Community Centre

102 Bowen St. Camberwell 3124 Ph. 9889 0791 Fax 9889 0057 Email: enquiries@bowenstreet.org.au

COURSE NAME:

STUDENT INFORMATION

Surname: **First Name:** **Male / Female**
(circle)

If you have already attended a class in 2010, and completed a course enrolment form, you can skip the information in the box below..

2. Address: **P/Code:**

Phone/s: **Mobile:**

Email:

Please tick if you *do not* wish to receive information about other classes via email:

3. Date of Birth: day month year **4. Country of Birth:**

This organization respects your right to information privacy. The data is used for statistical purposes only & is kept in accordance with information privacy laws. Please contact us if you would like further information on privacy or to update or check your records.

EMERGENCY CONTACT INFORMATION - In the event of an emergency we would like to be able to contact someone of your choice on your behalf. Please provide us with an emergency contact person:

Name: **Relationship:**

Telephone: (h) (w) (mob.)

Your contact details and your chosen emergency contact information will be given to your class tutor for the duration of the class as the office is not always open when classes are running (eg. at night). Should the tutor need to cancel a class at short notice (eg. illness, car trouble) we would like him/her to be able to contact you as early as possible. All contact information will be returned to the office when the course ends.

Please advise us of any specific medical conditions or special arrangements you may need to make your class attendance more comfortable. Please attach a separate note if you wish.

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PAYMENT: **Course** \$

Due:
(3 weeks before course begins) **Total Payable** \$

I wish to enrol in the above course & accept that if I withdraw 9 days or less before the course starting date a \$15 cancellation fee will apply. If the course is cancelled by BSCC a full refund will be given.

**NO REFUND WILL BE ISSUED FOR MISSED CLASSES OR WITHDRAWALS
FROM THE STARTING DATE OF A CLASS.**

**** Please mark class dates in your calendar. No reminders will be sent unless there is a change of dates. ****

SIGNATURE: **DATE:**

PAYMENT OPTIONS:

- 1. Cash/Cheque (Cheques to Bowen Street Community Centre) *Would you like a Receipt? Yes / No***
- 2. Credit Card payment – Complete details below** *(if yes it will be at 1st class)*

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Credit Card Payment: **Amount of this transaction:** \$

Visa Mastercard

Cardholder's Name: **Signature:**
PRINT

Card Number: _____ **Expiry Date:** _____ / _____