



## HOLIDAY CLINIC ENROLMENT FORM

The Moving Bodies Team instructs Gymnastics, Athletics, Ball Sports, Gross Motor, Dance, Fitness & Games at many schools across the Sydney Metro area. For over 10 years we have offered a Holiday Clinic which provides infants & primary school aged children with fun fitness activities during the school holiday periods.

*The Moving Bodies Holiday Clinic Program consists of a unique mix of gymnastics, ball games, dance, fitness activities, fun games, music, art & craft, parachute play and much more.....*

<b>WILLOUGHBY HOLIDAY CLINIC</b>					
<b>Willoughby Public School - Oakville Road, Willoughby</b>					
<b>SEPTEMBER / OCTOBER SCHOOL HOLIDAYS</b>					
<b>Week 1:</b> Monday 27 <sup>th</sup> , Tuesday 28 <sup>th</sup> , Wednesday 29 <sup>th</sup> , Thursday 30 <sup>th</sup> & Friday 1 <sup>st</sup> <b>Week 2:</b> Tuesday 5 <sup>th</sup> Wednesday 6 <sup>th</sup> , Thursday 7 <sup>th</sup> & Friday 8 <sup>th</sup>					
<b>Time</b>	<b>9.00am – 3.00pm</b> Standard Clinic Extended hours are available if required <b>8.00am – 5.00pm</b> See extended cost outline below				
<b>Cost</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Standard Clinic: 9am – 3pm</b> \$41.00 GST Inc. per child/session</td> <td style="width: 50%;">If payment is received <b>before Friday September 17<sup>th</sup></b> take advantage of our <b>Early bird rate.</b></td> </tr> <tr> <td>\$39.00 GST Inc. per session for 3 or more sessions/ per child</td> <td>\$38.00 GST Inc./per child/per session \$36.00 GST Inc./per child/per session for 3 or more sessions</td> </tr> </table>	<b>Standard Clinic: 9am – 3pm</b> \$41.00 GST Inc. per child/session	If payment is received <b>before Friday September 17<sup>th</sup></b> take advantage of our <b>Early bird rate.</b>	\$39.00 GST Inc. per session for 3 or more sessions/ per child	\$38.00 GST Inc./per child/per session \$36.00 GST Inc./per child/per session for 3 or more sessions
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<b>Extended Clinic before 9am &amp; after 3pm</b>	\$8.00 per hour or part thereof <i>(Extensions of 15mins into the hour will incur a full hour fee)</i>				
<b>Ages</b>	Recommended 5 years up				
<b>What to bring/wear</b>	Wear comfortable clothes suitable for physical activity. Bring recess, lunch, a bottle of water & hat.				
<b>Payment</b>	<b>We accept cheque, money order or direct deposit.</b> Sorry, no credit card facilities available. Please make <b>cheque or money order payable</b> to "Moving Bodies Pty Ltd" & <u>please clearly print name, address and contact number on the reverse side.</u>				
<b>Preferred Method</b>	<b>Direct Deposit:</b> NAB <b>BSB No. 082 309 Acc No. 593 754 675 Acc Name:</b> Moving Bodies Pty. Ltd. ~ <b>Please use your child's name as reference when paying</b> ~				
Plenty of places available! So please complete your form & return to us!	Please <b>return enrolment form with payment or receipt of payment to</b> Moving Bodies, 27 Glenview Road, Mt Kuring-gai, 2080				
We will contact you if the clinic is full – otherwise you may wish to <u>call us to confirm</u> your enrolment has been received...					

**PLEASE COMPLETE THE ENROLMENT FORM BELOW, AND SEND TO THE ADDRESS ABOVE**

<b>1<sup>st</sup> Child's name</b>		<b>Age</b>	<b>Child's School:</b>		
<b>Week 1</b>	Mon 27 <sup>th</sup> Hrs: __am to __pm	Tues 28 <sup>th</sup> Hrs: __am to __pm	Wed 29 <sup>th</sup> Hrs: __am to __pm	Thur 30 <sup>th</sup> Hrs: __am to __pm	Fri 1 <sup>st</sup> Hrs: __am to __pm
<b>Week 2</b>	Mon 4 <sup>th</sup> PUBLIC HOLIDAY	Tues 5 <sup>th</sup> Hrs: __am to __pm	Wed 6 <sup>th</sup> Hrs: __am to __pm	Thur 7 <sup>th</sup> Hrs: __am to __pm	Fri 8 <sup>th</sup> Hrs: __am to __pm
Extensions of 15mins into the hour will incur a full hour fee		9am-3pm CLINIC \$ _____.00 + EXTENDED CLINIC (___ hrs x \$8.00 hr) = \$ _____.00			
<b>2<sup>nd</sup> Child's name</b>		<b>Age</b>	<b>Child's School:</b>		
<b>Week 1</b>	Mon 27 <sup>th</sup> Hrs: __am to __pm	Tues 28 <sup>th</sup> Hrs: __am to __pm	Wed 29 <sup>th</sup> Hrs: __am to __pm	Thur 30 <sup>th</sup> Hrs: __am to __pm	Fri 1 <sup>st</sup> Hrs: __am to __pm
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Extensions of 15mins into the hour will incur a full hour fee		9am-3pm CLINIC \$ _____.00 + EXTENDED CLINIC (___ hrs x \$8.00 hr) = \$ _____.00			

### MEDICAL CONSENT & INDEMNITY FORM

**Please respect our  
NUT FREE Policy**

Is your child on any long term medication? Please tick		Yes	No	Details:	
Known allergies or medical conditions: (please state)					
Guardians Signature		I hereby give permission to the Moving Bodies supervisor to seek medical aid in the event of an accident, injury or illness.			
Guardian's Name		Contact No.		Mobile No.	
Emergency contact		Contact No.		Mobile No.	

### OTHER INFORMATION

<input type="checkbox"/>	Yes, I would like Moving Bodies to email me details of future Moving Bodies holiday clinics.
Please clearly write your email address	

### PAYMENT DETAILS Please circle correct box

<b>I have enclosed a</b>	Cheque	Money Order	For the amount of \$	Office use	
<b>I have made a direct deposit</b>	Copy of receipt is enclosed		or	Reference used:	Office use WILL