## **Registration Form**

Please fill out all the necessary details for your child to attend A NBFT Preschool session



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(Attending child's information)

First Name	Last Name	
Gender	Date of Birth	
Does your child have any medical cond Please state:	ditions that we should be aware of? Eg. Asthma/ alergies?	
What is the name of your childcare?		
<u>Contact Details</u> Emergency contact details for the chic	d's parent/guardian	
First Name	Last Name	
Phone no.	Email address	
print or electronic use in promoting the coathis form in the event that I no longer wish effect during the term of my child's enrolm child's participation in this release. I under	for my child to be photographed, or their images recorded for aching services. I understand that it is my responsibility to update to authorize the above uses. I agree that this form will remain in tent. I understand that there will be no payment for me or my stand that these photographs may be used in promoting accounts such as Facebook and Instagram. Please state "NO	
Payment Options		
Please select the payment you wish to use. your child's first session.	All payment is to be paid in full before the commencement of	
4 SESSION PASS \$60		
FULL TERM (8 WEEKS) \$110		
Pls Circle Prospective Payme Direct Transfer: Westpac BSB		

Please email this form onto <u>NorthernBeachesFtblTraining@Gmail.Com</u> or hand it into the staff at your centre. We love what you do! See you on the pitch!