

G.A.T.E.WAYS

APPLICATION/TAX INVOICE/CONSENT FORM

'Maths Under Cover'

at ACACIA COLLEGE – 16th and 17th June 2010

Please read the program descriptions in the brochure before completing this form.

Child's Name: _____ Year: _____ Gender: Male / Female

School: _____ Teacher Contact: _____

Parents' Names: _____

Contact email address (please write clearly): _____

Child's Address: _____ Postcode: _____

Telephone: A.H. _____ B.H. _____ Mobile: _____

I have been advised that my child has a confirmed place in the following: (Please tick appropriate boxes)

WEDNESDAY	16 th June	YEAR 4	<input type="checkbox"/>	YEAR 5	<input type="checkbox"/>	YEAR 6	<input type="checkbox"/>
THURSDAY	17 th June	YEAR 1	<input type="checkbox"/>	YEAR 2	<input type="checkbox"/>	YEAR 3	<input type="checkbox"/>

Does your child have any ongoing medical condition? YES / NO Please specify: _____

If child is at risk of an anaphylaxis attack, please attach copy of his/her current Action Plan. The EpiPen must be brought on the day.

Emergency medication carried by your child: _____

Emergency contact name: _____ Phone: _____

- In an emergency, if medical assistance is needed for my child, I consent to the staff of G.A.T.E.WAYS taking whatever steps are necessary. (Please note: We regret that G.A.T.E.WAYS staff is unable to dispense medication, except in an emergency).
- **Children should not bring products containing nuts to G.A.T.E.WAYS workshops.**
- I agree that any photos taken of my child at the program can be used in G.A.T.E.WAYS publicity. YES NO
- Is this the first time your child has enrolled in a G.A.T.E.WAYS program in 2010? YES NO
- **I understand that once applications have been confirmed there will be no refunds.**
- It is important that you complete payment details below.

Parent signature: _____ Date: _____

*** PLEASE COMPLETE PREFERRED PAYMENT OPTION HERE ***

CHEQUE/MONEY ORDER: Drawer: _____ Bank: _____ Amount (includes \$7.50 GST): \$82.50

CARD NO: _____ / _____ / _____ / _____ NAME ON CARD: _____

EXPIRY DATE: ____/____ SIGNATURE: _____ Amount (includes GST & credit facility fee): \$84.50

VISA MASTERCARD

Please send this completed form with cheque to G.A.T.E.WAYS (\$82.50 incl. \$7.50 GST) OR credit card details (\$84.50 incl. \$7.50 GST and credit card fee) and stamped, self-addressed envelope to G.A.T.E.WAYS PO Box 207 Blackburn 3130 within 7 days.