

G.A.T.E.WAYS

APPLICATION/TAX INVOICE/CONSENT FORM

*'Maths Under Cover'*

at BRUNSWICK SOUTH WEST PRIMARY SCHOOL – 26<sup>th</sup> and 27<sup>th</sup> May 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	26 <sup>th</sup> May	YEAR 4	<input type="checkbox"/>	YEAR 5	<input type="checkbox"/>	YEAR 6	<input type="checkbox"/>
THURSDAY	27 <sup>th</sup> May	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.**