

Student Registration



PARENT 1
NAME: _____

CONTACT
NUMBER: _____

PARENT 2
NAME: _____

CONTACT
NUMBER: _____

BEST CONTACT EMAIL ADDRESS:

ADDRESS:

EMERGENCY CONTACT 1 NAME:

NUMBER:

CHILDS FULL NAME:

CHILDS DATE OF BIRTH:

ANY ALLERGIES:

Please include (food, animals and other)

ANY MEDICATIONS:

Attendance Options (Please tick your choices)

if multiple days, tick multiple boxes

- Monday
- Wednesday
- Friday

All fees are payable by transfer every Friday



**SEEDS TO
SUNFLOWERS**

Terms

Attending the home-schooling hub, you agree and understand the below

- We do not hold insurances if you would like this it is for your family to organise
- Pictures of the children will be taken for evidence purposes
- Payment is due every Friday.
- if you no show or give less than 48 hours notice, a \$25 cancellation fee will be due

ANYTHING WE NEED TO BE AWARE OF:

SIGNED: _____

NAME: _____

DATE: _____