



WIZ KIDS CRAFT Enrolment Form 2012

Wiz Kids Kindergym
Level 1, 574A North Road,
Ormond, VIC 3204
PH: 9578 2332
MOB: 0409 709 119
www.wizkids.org.au

Child's First Name: _____ Child's Surname _____

Date of Birth: _____ Male or Female

Address: _____

_____ Post Code: _____

E-mail: _____

Home Phone: _____ Mobile: _____

Mother's Name: _____ Father's Name _____

Carer's Name: _____ Relationship to Child _____

Occupation: _____

Please state any medical conditions such as: asthma, diabetes, hearing or vision impairment, allergies (medicine/food), past injuries, or any other which may be helpful for us to know about.

Emergency Contact & Ph No: _____

How did you hear about Wiz Kids? _____

Class you wish to attend:

DAY _____ TIME _____

Parent's Signature _____ Date _____

Office Use ☺

Term Fee \$ _____ PAID \$ _____

15% discnt \$ _____ Rec. No. _____ DATE _____

TOTAL \$ _____ SIGNED _____

Wiz Kids Kindergym postal address: 6 Boake Street, Carnegie, VIC 3163
Wiz Kids Kindergym bank account: BSB 083152, Account 555872275