



WIZ KIDS KINDERGym Membership Form 2010



Child's Full Name: _____

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 ☺

Starting Date _____

Member New Member Date Registered _____ 2010

Term Fee \$ _____

PAID \$ _____

Membership \$ 33.00

Rec. No. _____ DATE _____

TOTAL \$ _____

SIGNED _____

Wiz Kids Postal Address: 6 Boake Street, Carnegie, VIC 3163