



Please ensure all information is complete. To avoid disappointment payment must be received at the time of booking
There will be no holding spaces In signing this form, I acknowledge I am responsible for dropping off and collecting my child from the program. .

Participant Details			
Childs Name		DOB	
Childs Name		DOB	
Childs Name		DOB	
Childs Name		DOB	
Address			
Parent/ Guardian 1			
Name		Contact	
Relation to Child			
Contact Email			
Parent/ Guardian 2			
Name		Contact	
Relation to Child			

The Shire of Derby/ West Kimberley reserves the right to remove participants and contact the Caregiver and/ or the emergency contact person immediately in the event that the participant causes harm to staff and/ or other participants, they will also be removed if they display any anti-social or inappropriate behaviour.

Media Permission

Please tick only 1 box

- ☐ **I give** permission for photos of my child to be displayed in the media releases such as Shire of Derby/ West Kimberley advertising material, brochures, posters and internal display.
- ☐ **I DO NOT** give permission for photos of my child to be displayed in media releases such as Shire of Derby/ West Kimberley advertising material, brochures, posters and internal display

Medical Conditions

Does your child/ren have any of the following:-

- ☐ Asthma ☐ Diabetes ☐ Hay fever ☐ Physical difficulties/ Injuries
- ☐ Allergies ☐ Epilepsy ☐ Heart Problems ☐ ADHD/Autism etc.
- Other ☐

Derby

(08) 9191 0999 30 Loch Street
sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 Flynn Drive
sdwk@sdwk.wa.gov.au PO Box 101, Fitzroy Crossing



If you have ticked any of the above please provide clear details of your child/rens condition below or on separate documentation.

Is there a requirement for your child/ren to be administered medication?

☐ Yes

☐ No

If you have ticked yes to administering medication please provide clear instructions indicating quantities to be taken and applicable timeframes. Your written permission will be required should staff need to administer medication. Please complete below or on separate documentation.

I consent to my child receiving medical treatment in the event of illness or injury. I authorise the Shire of Derby/ West Kimberley and its employees in the event of my child sustaining injury by way of an accident or illness to obtain all necessary first aid, emergency medical, hospital and ambulance assistance and I agree to meet any expenses incurred, if applicable.

☐ Yes

☐ No

Signed: _____

Date: _____

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Terms and Conditions

By signing this form, you acknowledge that you have read, understood, and agree to the following terms and conditions:

1. Registration and Fees

1.1 Payment: All class fees must be paid in full by the due date specified. We accept payments via bank transfer, EFT or cash.

1.2 Registration Confirmation: Your child's place in the class is confirmed upon receipt of full payment and a completed registration form.

2. Attendance and Absences

2.1 Missed Classes: No refunds or credits will be given for missed classes due to illness, holidays, or any other personal reasons.

2.2 Make-up Classes: Make-up classes may be offered at the discretion of the studio, subject to availability. These must be scheduled in advance and cannot be guaranteed.

2.3 Cancellation by Studio: In the unlikely event that a class is cancelled by the studio, a make-up class or prorated refund will be provided.

3. Safety and Conduct

3.1 Supervision: Children are supervised only during their scheduled class time. Parents/guardians are responsible for their child's supervision before and after class particularly for those students under the age of Five years old.

3.2 Studio Rules: Students are expected to adhere to all studio rules, including those regarding dress code, behaviour, and respect for instructors and fellow students.

4. Withdrawals and Refunds

4.1 Withdrawal Policy: If you wish to withdraw your child from a class, written notice must be provided **two (2)** weeks prior to the start of the term/session.

4.2 Refunds: Withdrawals made within the specified notice period will receive a full refund.

4.3 No refunds will be given for withdrawals after the term/session has commenced.

4.4 Exceptional circumstances will be reviewed on a case-by-case basis at the discretion of the studio management.

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