

PARENT-TODDLER (~1-3 YEAR OLDS) "MASSAGE, MOVEMENT & DEVELOPMENT" ENROLMENT FORM:

Child's Details NB: Please complete a separate form for each child.

Child's name: (First/ Surname) _____

Child's age: _____ Date of Birth: (dd/mm/yy)_____

Parent/ Guardian's Names: _____

Postal Address: _____

Parent/Guardian Home & Mobile Numbers: _____

Email address: _____

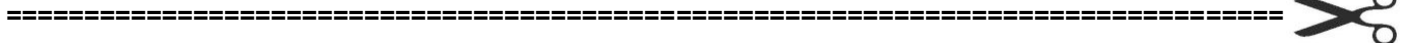
Do you have a friend who would like to enrol? If so, you will receive \$10 cash back once they have paid in full.

Friends name _____ Child's name _____

Please list any current or past medical conditions and any current or past injuries:

Parent/ Guardian Signature Required:

_____ Date: _____



IDIBIDI KIDS: "Massage, Movement & Development for Toddlers" program

Venue & Time (write here):

TERM FEES MUST BE PAID IN FULL TO SECURE A PLACE IN THE PROGRAM

Internet banking details:

Account Name: Idibidi Kids, BSB: 036 231, Account Number: 302035. In "Description", please write the words "Toddler MMD" and your child's name.

Cheques: Please make all cheques payable to Idibidi Kids Massage. Please write child's name and the word "Toddler MMD" on the back of the cheque.

Cash: For re-enrolling: To be paid in person on the last class of the previous term. Contact Natalie for the fee if enrolling part way through the term.

Referral Bonus: A \$10 discount per term for each person referred who has registered and paid in full for the term. Please indicate on this form/contact me if you are referring someone.

Receipts: Receipts will be issued upon request. Please email Natalie if you require a receipt.

Please return your enrolment form to Idibidi Kids via email to natalie@idibidikids.com.au or by post to P.O. Box 251, Joondalup DC WA 6919.

I look forward to seeing you soon!