



MURRAYLANDS GYMNASTICS  
ACADEMY  
KINDERGYM



WHERE PARENTS & CHILDREN PARTICIPATE TOGETHER

**ENROLMENT & HEALTH FORM**

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**HEALTH DETAILS**

Please fill out ANY medical information. All records are confidential and will be treated accordingly.

Does your child receive any regular prescribed medication: YES / NO

Details \_\_\_\_\_

Suffer from asthma: YES / NO

Details \_\_\_\_\_

Suffer from allergies: YES / NO

Details \_\_\_\_\_

Any other medical information which may limit the child's involvement in the proposed activity:

The LEADER must be notified in the event that the child is under medication prior to sessions.

Parents / Guardians must at all times stay within an arms distance of their child during the sessions.

Permission for photo's to be taken and used to promote the Kinder-gym.

This may be on social media or in print form: YES / NO

Signed PARENT / GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICE USE

CLASS: \_\_\_\_\_

DAY: \_\_\_\_\_

Siblings: 1 2 3

Name/s \_\_\_\_\_

Reg. Date: \_\_\_\_\_

Reg. No: \_\_\_\_\_

**FEES PAID:**

**Term 1:** \$ \_\_\_\_\_

Date: \_\_\_\_\_

Insurance \$ 10

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Type:** 5 sessions X \_\_\_\_\_

10 session

Sessions attended \_\_\_\_\_

**Term 2:** \$ \_\_\_\_\_

Date: \_\_\_\_\_

Insurance \$ 10

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Type:** 5 sessions X \_\_\_\_\_

10 session

Sessions attended \_\_\_\_\_

**Term 3:**

\$ \_\_\_\_\_

Date: \_\_\_\_\_

Insurance \$ 10

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Type:** 5 sessions X \_\_\_\_\_

10 session

Sessions attended \_\_\_\_\_

**Term 4:**

\$ \_\_\_\_\_

Date: \_\_\_\_\_

Insurance \$ 10

Date: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**Type:** 5 sessions X \_\_\_\_\_

10 session

Sessions attended \_\_\_\_\_