



Adult Courses, After School Classes, Playgroup, Private Lessons, ILC Immersion Days, Movie Nights

ITALIAN AFTER SCHOOL HOURS - SEMESTER 1, 2019

COMPLETED FORMS+PAYMENT DUE: 31 JANUARY 2019

Places are allocated on a first-come-first-served basis

TUITION FEE FIRST CHILD: **\$325** per semester
 TUITION FEE SIBLING: **\$295** per semester

Semester 1 STARTS 18 FEBRUARY 2019 and ENDS 28 JUNE 2019

EASTER BREAK: Saturday 6 April – Thursday 25 April



ENQUIRIES:

Marzia Mauro

Ph: (07) 3262 5755

Fax: (07) 3262 9985



Conditions of enrolment:

Missed classes cannot be made up by joining other classes on different days/times.

Once enrolled, fees cannot be refunded unless classes are cancelled by ILC.

ILC accepts no responsibility for changes to students' personal circumstances that prevent attendance.

COURSES OFFERED: BRISBANE NORTH

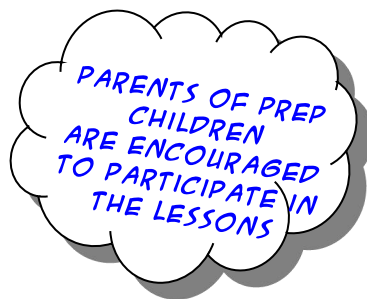
Wednesday

ILC NEWMARKET

42 Newbery Street, Newmarket

Wednesday 3.45pm - 5.00pm

- **PREP / Yr 2**
- **Yr 3 / Yr 6**
- **Yr 7 / Yr 9**
- **Yr 10 / Yr12**



Saturday

ILC NEWMARKET

42 Newbery Street, Newmarket

Saturday 9.45am - 11.00am

- **PREP / Yr 2**
- **Yr 3 / Yr 6**
- **Yr 7 / Yr 9**
- **Yr 10 / Yr12**

COURSES OFFERED: BRISBANE SOUTH



Thursday

St Martin's School

66 Broadway St, Carina

Thursday 3.10pm - 4.20pm

- **PREP / Yr 1**
- **Yr 2 / Yr 3**



ENROLMENT/PAYMENT FORM 2019

ITALIAN AFTER SCHOOL HOURS - SEMESTER 1

Due Date: 31 JANUARY 2019

Page 1 of 4

PARENT DETAILS:

Parent/Guardian Name: _____

Address: _____

Suburb: _____ P/Code: _____ Email: _____

Phone: (h) _____ (w) _____ (m) _____

I WISH TO ENROL MY CHILD/CHILDREN:

Name: _____ M/F _____ Date of Birth: ___/___/___

Refer to front page and select venue: _____ Week day: _____

Where does your child go to school?: _____ Suburb: _____ **Yr/Grade** _____

1st Child Fee - \$325

Name: _____ M/F _____ Date of Birth: ___/___/___

Refer to front page and select venue: _____ Week day: _____

Where does your child go to school?: _____ Suburb: _____ **Yr/Grade** _____

Sibling Fee - \$295

Total Amount: _____

*I have read and fully accept the **conditions of enrolment** on the first page.*

SIGNATURE: _____

DATE: _____

PAYMENT INSTRUCTIONS

Payments can be made by:

- **CHEQUE** - Payable to Co.As.It. Mail to: PO Box 59, Albion BC Q 4010
- **CASH/ EFTPOS** - In person at 35 Dover Street, Albion.
- **DIRECT DEPOSIT** - *Please attach a print-out of your transfer receipt to this page.*
BANK: Westpac (New Farm Branch) Please include reference: ILC AH
ACCOUNT NAME: Co.As.It.
BSB: 034-065
ACCOUNT NUMBER: 142021
- **CREDIT CARD** - Please complete the credit card details section below or **call our office on 3262 5755** (Sorry, no AMEX)

For security reasons please make sure that you send the enrolment form with your credit card details to ILC's fax number: 07 3262 9985. Please **DO NOT** send it by post or e-mail.

Name on card: _____

Card number : _____ - _____ - _____ - _____

Date of expiry: ___ / ___ CCV code: ___ ___ Amount: \$ _____

OFFICE USE ONLY

Date Received: _____

Amount Paid: _____ **Receipt Number:** _____



President
 Italian Language Centre
 PO Box 59
 Albion BC QLD 4010

Re: Liability for unsupervised students before and after the After Hours Language & Culture Classes.

Dear Sir/Madam,

I _____, as a parent or legal Guardian of the hereafter named student/s participating in the Italian language and culture classes conducted by your Association, acknowledge and agree to be bound as an essential condition of the Association providing such class to my children. The Centre is not responsible in any way whatsoever for provision of supervision before or after any such class.

Name of student/s attending:

Location of attendance:

Signature Parent/Guardian: _____

Print name: _____

Date: ____/____/____

AUTHORITY FOR PUBLICITY & PROMOTIONS

I authorise the Italian Language Centre to take and use any photographs of my child/children:

In conjunction with any wording or drawing, in any Italian Language Centre publication, production, presentation or advertisement that is directly related to the Education program of the organisation.

Signature of Parent/Guardian: _____

Date: _____



Child's name: _____

Date of Birth: ____/____/____

Emergency Contact (Please list 2 contacts):

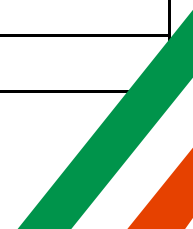
1. Name: _____
 Relationship: _____
 Phone (Daytime): _____
 Phone (Evening): _____
 Address: _____

2. Name: _____
 Relationship: _____
 Phone (Daytime): _____
 Phone (Evening): _____
 Address: _____

Family Medicare number: _____

*** NOTE: Pain killers cannot be distributed by teachers**

Details		Details
1. Heart Trouble	Yes / No	
2. Respiratory Problems	Yes / No	
3. Allergies	Yes / No	
4. Blood Pressure	Yes / No	
5. Epilepsy	Yes / No	
6. Operations	Yes / No	
7. Recent Illness	Yes / No	
8. Drug Reaction	Yes / No	
9. Tetanus up-to-date	Yes / No	Date of last injection: _____



COLLECTION OF STUDENT AUTHORITY FORM 2019

**Please note this form must be returned even if mother/father always collect their child/children*

I, _____ give permission for the
nominated persons below to collect my child/children _____

from the After Hours Italian Language and Culture Classes being held at _____

Please list 2 contacts below in addition to MOTHER (name) _____

FATHER (name) _____, who may also collect your child/children.

Place n/a below if not applicable.

1. Name: _____

Relationship: _____

Phone (Daytime): _____

Phone (Evening): _____

Address: _____

2. Name: _____

Relationship: _____

Phone (Daytime): _____

Phone (Evening): _____

Address: _____

Signature Parent/Guardian: _____

Print name: _____

Date: ____/____/____

**IF NEITHER OF THESE CONTACTS CAN COLLECT
THE STUDENT AT THE DESIGNATED TIME
PLEASE CONTACT THE OFFICE ON 3262 5755**

