



**"GIROTONDO"**  
**ITALIAN PLAYGROUP - TERM 1, 2019**

**8 LESSONS**

**Mondays 10am - 11am**

11 February to 1 April

**Thursdays 10am - 11am**

14 February to 4 April

**Venue: Co.As.It., 42 Newbery Street, Newmarket**

**Fees: \$155 per child    Siblings: \$130**

**Enrolments DUE: 1 FEBRUARY**

*The ILC Italian Playgroup Program is for children aged 3 to 5 years and aims at providing a structured setting where the Italian language is promoted and taught through the use of visual, tactile and auditory stimuli. The learning activities cover Linguistic, Aural and Oral, Fine Motor Skills, Cognitive and Gross Motor Skills.*

***IMPORTANT:***

***We encourage the participation of a parent/guardian in the activities.***

***You are your child's best role model!***

***Buon divertimento!***

Enquiries:

**Rosella or Laura - 3262 5755**

**enquiries@italianlanguagecentre.org**

**Please note: spaces are limited with a maximum of 10 children per group. Places will be allocated on a first-come-first-served basis. Enrolments are confirmed upon receipt of payment together with the two forms attached. Refunds will only be given if classes are cancelled by ILC as indicated by the Enrolment Conditions on [www.italianlanguagecentre.org](http://www.italianlanguagecentre.org)**

# ENROLMENT FORM - TERM 1

THIS PAGE + PAYMENT + PHOTOGRAPH AUTHORIZATION: DUE BY 1 FEB 2019  
Please **CIRCLE** the day you are attending: **MONDAY** or **THURSDAY**

35 Dover Street  
Albion Q. 4010  
PO Box 59  
Albion BC Q. 4010  
Tel: (07) 3262 5755  
Fax: (07) 3262 9985  
Email: enquiries@italianlanguagecentre.org  
Website: www.italianlanguagecentre.org

Italian Playgroup 2019

## PARENT DETAILS

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_  
Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_  
Email: \_\_\_\_\_

## STUDENT DETAILS

CHILD #1 \$155.00

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Has your child been exposed to Italian before? Where? \_\_\_\_\_

CHILD #2 \$130.00

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Has your child been exposed to Italian before? Where? \_\_\_\_\_

**Total:** \_\_\_\_\_

## 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)  
ACCOUNT NAME: Co.As.It.  
BSB: 034-065  
ACCOUNT NUMBER: 142021

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:** \_\_\_\_\_

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**PHOTOGRAPH AUTHORIZATION**

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Tel: (07) 3262 5755

Fax: (07) 3262 9985

Email: [enquiries@italianlanguagecentre.org](mailto:enquiries@italianlanguagecentre.org)

Website: [www.italianlanguagecentre.org](http://www.italianlanguagecentre.org)

Please return this page together with the enrolment form  
**IF** you have not already completed one for this year

I \_\_\_\_\_ parent of \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

give permission

do not give permission

for my child/children to be photographed by the Italian Language Centre during the 2019 activities.

I hereby authorize the ILC to use photographs for publication or advertisement directly related to its Education Program.

Signature of Parent / Guardian: \_\_\_\_\_

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

**DIETARY REQUIREMENTS**

**Are there any food allergies ILC needs to be aware of:**

Yes

No

If yes please specify:

\_\_\_\_\_

**Italian Playgroup 2019**