



mercybabyswim@mercyphysio.com.au

## TERM 1 2024 ENROLMENT FORM (27th January - 29th March)

**NEW ENROLMENT**
                         
  **RE-ENROLMENT**

Child's full name	
Date of Birth	
Street Address	
Suburb	Postcode
Contact Number	
Parent/Guardian Name	
Email	

LEVEL	AGE RANGE	TICK "✓"
Duck 1	5-12 months	<input type="checkbox"/>
Duck 2	12-18 months	<input type="checkbox"/>
Duck 3	18-24 months	<input type="checkbox"/>
Duck 4	24-30 months	<input type="checkbox"/>
Duck 5	30-36 months	<input type="checkbox"/>
Transition	Just turned 3	<input type="checkbox"/>
Preschool (select)	<input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4	

Your current class time	Day	Time
<i>If you wish to transfer to another class, please complete preferred day and time below. If you are a new enrolment, please complete preferred day and time below.</i>		
Preferred Day	Preferred Time	
Does your child have any medical conditions or special needs	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide details
Do you (Parent/Guardian) have any medical conditions	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide details

### FEES TERM 1 2024 (9 WEEK TERM – except Fridays 8 WEEK TERM due to Easter Friday Holiday closure)

D1 to D5 \$180                                      Friday D1-D5 \$160  
 Transition to L4 \$189                              Friday Transition to L4 \$168

<i>NB. Medical Certificates must be attached or have been emailed for credits to be applied.</i>			
<b>PAYMENT DETAILS</b>			
<ul style="list-style-type: none"> <li>If you elect to pay by online banking, <u>please wait until receipt of invoice NOT WITH ENROLMENT FORM.</u></li> <li>Invoices will be sent out within 2 weeks of the commencement of term.</li> <li><b>Full payment of term fees is required by end of week 2 of the term.</b></li> <li>If credit card details are provided, a receipt will be issued within 2 weeks of commencement of term.</li> </ul>			
<b>EFT - VISA - MASTERCARD</b>			
Name on Card		Card Number	
Expiry Date	CVV	Amount	<input type="checkbox"/> Please tick to confirm that all above information is correct, and that you authorise Mercy Physiotherapy to process your payment.
<ul style="list-style-type: none"> <li>Note: Once classes are allocated and payment has been received, the company reserves the right to charge an administration fee of up to \$30.00 for any cancellations.</li> <li>We endeavour to fulfil special timetabling requests; however, this is NOT always possible</li> </ul>			