



# MOVERS & GROOVERS Enrolment Form

Please complete details for each child attending a KAP program.  
Confirmation of enrolment will only be given if all details are completed.



## CHILD DETAILS:

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

Child's Name	Age	DOB	Sex	Attends School?
		/ /	M / F	Y / N
		/ /	M / F	Y / N
		/ /	M / F	Y / N
		/ /	M / F	Y / N

Special Needs: (any medical requirements will require a medication authorisation form to be completed) Y / N  
(brief description): \_\_\_\_\_

**Days of Attendance:**            Tuesday            Thursday

## PARENT / GUARDIAN DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: H: ( \_\_ ) \_\_\_\_\_ W: ( \_\_ ) \_\_\_\_\_ M: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorised person(s) to collect child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

Movers and Groovers is a fun, singing, dancing, moving and grooving program that will foster and extend your child's developmental ability.  
It is designed for children 1-4 years of age.

We can also cater for playgroups by offering a one off session as an outing for the groups, that can be scheduled at your convenience! Special offers available.

### Movers & Groovers Rates:

Per Session:	\$7.50 per child
Ten Week Term Pass:	\$66 per child

### Movers & Groovers Sessions:

Tuesday & Thursday  
9:15am - 10:00am

#### 2009 Term Dates:

21 April 2009 - 24 June 2009  
14 July 2009 - 17 September 2009  
24 October 2009 - 10 December 2009

### Parents, please read and sign the following agreement:

1. I hereby give consent for my child/children named on the Movers & Groovers Enrolment Form to take part in Movers & Groovers.
2. I authorise Movers & Groovers Coordinators to obtain medical attention for my child/children at their discretion in the event of injury or sickness and agree to pay any medical, pharmaceutical or ambulance expenses which may be incurred as a result of medical advice.
3. I give permission for my child/children to participate in all activities held during the program.

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



KAP is proudly operated by the USQ Student Guild. For information and enquiries, phone (07) 4631 1588, visit the Clive Berghofer Recreation Centre or [www.kap.com.au](http://www.kap.com.au)

