



Toorak Primary - After School Art Class - Enrolment Form

Student Details

Family Name: _____ Given Name: _____
Grade/TPS-Class: _____ Age: _____

After School Art Class attending - Tick the box/es that your child is attending

Toorak Primary School

Monday	Prep	-	6	3.45 - 5:15pm	\$ TBA	Term	BSB: 193-879
Wednesday	Prep	-	6	3.45 - 5:15pm	\$ TBA	Term	ACC: 495 965 065
Thursday	Prep	-	6	3.45 - 5:15pm	\$ TBA	Term	Please reference students name

Parent/Guardian Details

1. Parent name: _____
Contact Phone number: _____ Email: _____

2. Parent name: _____
Contact Phone number: _____ Email: _____

Emergency Contact Details

Emergency contact and phone number

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Medical Information

Does your child have any allergies:

If yes, please list:

Any other medical conditions or other relative issues:

Any Further information

Feel free to note any info that I should know or that might be of interest in your child's artistic journey.

Signature: _____

Date: _____