

# ITALO-AUSTRALIAN WELFARE & CULTURAL CENTRE INC

209 Fitzgerald Street  
Perth WA 6000  
Telephone: (08) 9228 2220 Facsimile: (08) 9228 2221



## CHILDREN'S ENROLMENT FORM AFTER - HOUR PROGRAM 2023

(PLEASE PRINT)

I wish to enrol my child / children in the after-hour Italian class at:

(Name of School) \_\_\_\_\_

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

	Names of Children		Date of Birth	Primary School Regularly Attended
1		1		
2		2		
3		3		
4		4		

HOME ADDRESS: \_\_\_\_\_

TELEPHONE No:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY TELEPHONE No: \_\_\_\_\_

Please indicate the reason(s) why you wish your child / children to study Italian?

**I will ensure that my child/children will be picked up promptly at the end of each after-hour lesson and assume total responsibility for my child/children once the class time has ended.**

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

Name of Teacher of Italian: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Received (\$40.00/student)**

Amount: \_\_\_\_\_ *Non-refundable*  
Cash  Cheque

Receipt Number: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

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