



Enrolment Form : Invoice

Name of Parent: _____

Name of Student:

#1 _____ DOB _____

#2 _____ DOB _____

Address (home) _____

(email) _____ Phone No. _____

Term (Please circle) 1 2 3 4

Fees payable (please enter amount as advised by Christina) \$

Payments to:

BSB: 732573

Account No. 565926

Please note: Discount for pre payment. Fees for missed lessons cannot be refunded.

Name of parent (please print) _____

Signature of Parent _____

Date _____

Christina Rygiert: Mobile 0421 862825 email chrisrygiert@hotmail.com

ABN: 86859964360

Working with Children ID: 1077581E