



ENROLMENT FORM SCHOOL HOLIDAY WORKSHOPS

Week One

(please tick)

Wednesday 4 July	Fruity Heads (9.30am to 11.30am, ages 5 - 8)	<input type="checkbox"/>
Wednesday 4 July	Urban Art (2.00pm to 4.00pm, ages 8 - 12)	<input type="checkbox"/>
Thursday 5 July	Insect Giants! (9.30am to 11.30am, ages 5 - 8)	<input type="checkbox"/>
Thursday 5 July	We. Are. Drawbots. (2.00pm to 5.00pm, ages 8 - 12)	<input type="checkbox"/>
Friday 6 July	Teddy Portraits (9.30am to 11.00am, ages 3 - 5)	<input type="checkbox"/>
Friday 6 July	Imaginauts (2.00pm to 4.00pm, ages 8 - 12)	<input type="checkbox"/>

Week Two

Monday 9 July	Sensory Squeegies (9.30am to 11.00am, ages 3 - 5)	<input type="checkbox"/>
Monday 9 July	Sculptures with Attitude (2.00pm to 4.00pm, ages 8 - 12)	<input type="checkbox"/>
Tuesday 10 July	Rice Paper Art (9.30am to 11.30am, ages 5 - 8)	<input type="checkbox"/>
Tuesday 10 July	Making Jam (2.00pm to 5.00pm, ages 6 - 12)	<input type="checkbox"/>
Wednesday 11 July	Liquid Explosion (9.30am to 11.30am, ages 5 - 8)	<input type="checkbox"/>
Wednesday 11 July	Sideshow Skills (2.00pm to 4.00pm, ages 8 - 12)	<input type="checkbox"/>
Thursday 12 July	Head in the Clouds (9.30am to 11.30am, ages 5 - 8)	<input type="checkbox"/>
Thursday 12 July	Map Your World (2.00pm to 4.00pm, ages 8 - 12)	<input type="checkbox"/>
Friday 13 July	Pop Up Paintings (9.30am to 11.30am, ages 5 - 8)	<input type="checkbox"/>
Friday 13 July	Special Effects Makeup (2.00pm to 5.00pm, ages 8 - 12)	<input type="checkbox"/>

Child's Information:

Given Name: _____ Surname: _____

Date of birth: _____ Gender: _____

Any special considerations (e.g. medical)? _____



Parent / Guardian Information:

Given Name/s: _____ Surname/s: _____

Title/s (Mr/Mrs/Ms): _____ Relationship to child: _____

Address: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

Emergency contact: _____

I consent to my child's photograph with first name being used for Big Fat Smile publicity:

Yes No

I would like to receive information regarding future workshops and school holiday programs run by Big Fat Smile:

Yes (by email) Yes (by post) No

Parent/Guardian Signature: _____ Date: _____

Payment Details:

Payment Method: Visa Mastercard Cheque (enclosed)

Expiry Date: _____ CCV: _____

Card Number: _____

Name on Card: _____

Signature: _____

Enrolments will only be confirmed with payment.

Mail, Fax or email Registration Form with payment to Big Fat Smile, PO Box 475, Corrimal NSW 2518, or fax to 02 4283 9901 (credit card payments only). Email artspace@bigfatmile.com.au or pay in person at Big Fat Smile, Level 1, 98 Railway Street, Corrimal.

Cheques should be made payable to Big Fat Smile. Refunds will be given with one (1) week's notice if you need to cancel your attendance. Retain a copy of your completed Registration Form for your records. **Participation in the workshop will be confirmed once registration and payment has been received.** You will be notified if we are unable to provide a place for you in this workshop, or if it is cancelled. Please note your booking will not be confirmed without payment.

Office Use Only:	
Date Received:	Receipt Number:

Big Fat Smile follows the Principles of the Privacy and Person Information Act 1998