

NATURALLY LEARNING ENROLMENT FORM

NATURALLY LEARNING
43 Mountain Rd,
Cockatoo, Vic, 3781
www.naturallylearning.net



CONTACT US
PH: 0420237199
Email: beingspacious@hotmail.com
Facebook: Naturally Learning

Office use only	Date received:	Additional needs: NO YES specify
	Enrolment date:	
	Start date:	EALD: NO YES specify
	Enrolment review:	Enrolment No:

PARTICIPANT DETAILS			
Surname:		Preferred Name:	
First name:		Gender:	
Date of Birth:		Current Age:	
Which program(s) you are enrolling for in 2019?			
Program	Day(s)	Commencement Date	No. of participants
PARENT/GUARDIAN DETAILS			
Name:		Relationship to participant:	
PLEASE PROVIDE CONTACT DETAILS FOR BILLING AND OTHER CORRESPONDENCE			
First Name:		Surname:	
Phone:		Email:	
Street Address:			
Town/ Postcode:			
PARENT/ GUARDIAN SIGNATURE:			
STUDENT MEDICAL INFORMATION			
Medical conditions: NO YES		Please specify any medical conditions the participant suffers from eg: asthma, disabilities. Only list those conditions that may be relevant to participation at Naturally Learning.	
Allergies: NO YES		Please list any known allergies the participant has eg: food, pollen, ants, other. Only list those allergies that may be relevant to participation at Naturally Learning.	

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Has the participant been diagnosed as being at risk of anaphylaxis? If yes, participants are required to provide their own EpiPen every session session.	NO	YES
Has the participant been diagnosed with additional needs?	NO	YES

If yes to any of the above, please provide only those details relevant to participation in Naturally Learning Programs.

Shared Food Consent

Consent is given for the above mentioned participant to share food at Naturally Learning.	NO	YES
Does the participant have any specific dietary needs?	NO	YES
If yes please explain.		

Image Consent

CONSENT IS GIVEN FOR THE FOLLOWING:		
Images may be used for promotional material, on websites and other online platforms.	NO	YES
Photos may be used on online platform without identifying the student. No faces or names to be used. e.g (hands at work), from the back, as part of a group only	NO	YES
Photographs may be used on hard copy publications. e.g fliers, posters, advertisements	NO	YES

Physical Activity Risk Consent

Consent is given for the above mentioned participant to engage in physical activities and take reasonable risks during Naturally Learning programs.	NO	YES
Does the participant have any medical or physical conditions that restrict physical activity?	NO	YES
If yes please explain.		
Participants are responsible for reporting any conditions to Naturally Learning prior to each session.		

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General Liability Release of Claims

Effective immediately upon execution, I the undersigned for and in consideration of the payment of fees for service at Naturally Learning, do hereby release and forever discharge Naturally Learning, their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to participation in Naturally Learning Programs

Potential injuries arising from participation in Naturally Learning Programs may include but are not limited to: slips, bumps, cuts, scrapes, burns, stings, bruises, falls, trips, bites, allergic reactions, grazes, minor injuries, concussion, abrasions, and other injuries.

It is understood and agreed that this payment is made and received in full and complete settlement and satisfaction the causes of action, claims and demands mentioned herein; that this Release contains the entire agreement between the parties; and that the terms of this agreement are contractual and not merely a recital. This Release may not be altered, amended or modified, except by a written document signed by both parties.

Furthermore, this Release shall be binding upon the undersigned, and his respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of Victoria.

This Release has been carefully read and fully understood by the undersigned. The terms have been explained to me and I am freely, knowingly and voluntarily entering into this Release.

Date: _____

Signed: _____

Name: _____

Parent/Guardian of Participant

Date: _____

Signed: _____

Name: _____ NATURALLY LEARNING