



strength  
optimism  
justice  
**seymour.**

## Seymour College Gymnastics

### Classes for Term 1, 2019

Tuesday		Wednesday		Saturday	
3.45-4.30pm	Reception- Year 2	3.45-4.30pm	3 and 4 year olds	11.30am-12.15pm	3 and 4 year olds (non-Seymour)
4.30-5.15pm	3 and 4 year olds	4.30-5.15pm	Reception- Year 2	12.15-1.00pm	5-7 year olds
5.15-6.00pm	5-7 year olds (non-Seymour)	 Seymour students only		 Non-Seymour students only	

### Costs:

■ Seymour students: \$115 per term

■ Non-Seymour students: \$155 per term

**Location:** Seymour College Sports Centre

**Coordinator:** Emma Larsen

**To book your child in for Term 1, 2019 classes, please fill in the form overleaf and email to Emma Larsen at [gymnastics@seymour.sa.edu.au](mailto:gymnastics@seymour.sa.edu.au)**

(Email is the best method of communication.)

Classes missed due to a student absence cannot be caught up, unless space exists in similar classes.

**Places will fill quickly - book now!**

SEYMOUR



COLLEGE

CRICOS No 00628G

# 2019 gymnastics enrolment form

I wish to enrol ..... at Seymour Gymnastics in the following class/es:

Is your child a current Seymour student?  Yes  No

As a parent/guardian of....., I give permission for her/him to attend Seymour Gymnastics sessions in 2019.

I authorise the teachers and coaches to obtain any medical assistance which they deem necessary should an accident occur or should the child become ill, and agree to pay all the medical expenses incurred on behalf of the above child.

I agree to pay the term fees of \$.....

Signed.....

*If you are enrolling a Seymour student, class fees will be added to your usual College fees.*

## If you are enrolling a non-Seymour student, please fill in the details below:

Fees must be paid prior to or at the first class. Failure to do so will result in your child being unable to attend. Fees can be paid by cheque, Visa or Mastercard (no American Express).

Name of parent.....

Home address.....

.....

..... Postcode.....

Email.....

Home phone.....

Mobile.....

Child's birthdate.....

Phone number of emergency contacts:

(1) ..... (2).....

## Payment Options

Cheque

Credit card:  Visa  Mastercard

Card number

Expiry date \_\_\_\_/\_\_\_\_ CCV\_\_\_\_

Cardholder's name.....

Signature.....

**Please note: Once your child is accepted into the program, payment will be debited from your account and is non refundable or transferable.**