



ABN: 68 116 358 617

Enrolment Form 2008

14 Munro St, Auchenflower QLD 4066

Phone: (07) 3870 5111

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Email: info@funcreations.com.au

Web: www.funtasticcreations.com.au

Child's First Name:

Family Name:

Birthday:

Parent's Name(s):

Address:

Postcode:

Phone No.:

Alt. Phone No.:

Email:

Child Care Centre:

Tots/Pre-Kindy

Kindy/Preschool

2008 Fee Schedule

Term	Total Term Weeks	Tots/Pre-Kindy		Kindy/Preschool	
		Per Term \$8.00/class	Annual Payment \$7.80/class	Per Term \$10.00/class	Annual Payment \$9.75/class
Term One	10	\$80.00	\$319.80	\$100.00	\$399.75
Term Two	11	\$88.00	\$241.80	\$110.00	\$302.25
Term Three	10	\$80.00	\$156.00	\$100.00	\$195.00
Term Four	10	\$80.00	Not Available	\$100.00	Not Available

Fees will be adjusted if a class falls on a public holiday. Refunds will be processed at the end of each term and will only be provided when an instructor is unable to offer a make-up class. However, no refund is payable if a child is not at class or is absent from the centre. Written notification of cancellation ensures that you are not charged any unnecessary fee.

Direct Debit

I/We request Funtastic Creations (User Id 313 935) to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified above. Fees will be charged pro rata for commencement during a term. This authority may be cancelled by providing notice in writing.

Name: _____

Name and branch of financial institution: _____

BSB Number: ____ - ____ Account Number: _____

Term Payment

Annual Payment

Signature:

Date:

Credit Card

I / We request Funtastic Creations to arrange for funds to be debited from my / our nominated credit card, details of which are shown below. Fees will be deducted according to the schedule specified above. Each full term payment will be deducted during the first week of each term. Fees will be charged pro rata for commencement during a term. This authority may be cancelled by providing notice in writing.

Name: _____ Visa MasterCard Bankcard

Card Number: ____ / ____ / ____ / ____ / ____ Expiry Date: ____ / ____ 3 digit ID Number: ____

Term Payment

Annual Payment

Signature:

Date:

Cheque/Money Order

I wish to pay by cheque or money order.

Term Payment

Annual Payment

Signature:

Date:

Office Use: Start Term ____ Week ____