

ENROLMENT FORM

- Conversational English Class Tuesday 9.30-11.30 or 12-2pm
- Conversational English Class Wednesday 9.30 or 12.00pm
- Life Skills Class
- Women's Multicultural Support Group

Contact Details

Name _____ Phone _____

Address _____

Date of Birth _____ Email _____

Cultural Background _____ Language Spoken _____

Country of Birth _____ When did you arrive in Australia? _____

Emergency Contact

Persons to contact in emergency

Name _____ Phone _____

Visa Details

- | | |
|---|---|
| <input type="radio"/> 200/202 Refugee | <input type="radio"/> 201 In Country Special Humanitarian |
| <input type="radio"/> 204 Women at Risk | <input type="radio"/> Husband Student Visa |
| <input type="radio"/> Bridging Visa | <input type="radio"/> Work Visa |
| <input type="radio"/> Spouse visa | <input type="radio"/> Permanent Resident |
| <input type="radio"/> Protection Visa | <input type="radio"/> Other _____ |

Children attending crèche

First Child

First Name _____ Surname _____ D.O.B _____ Gender: M / F

Second Child

First Name _____ Surname _____ D.O.B _____ Gender: M / F

Third Child

First Name _____ Surname _____ D.O.B _____ Gender: M / F

Have you completed the crèche enrolment form for each child attending crèche? Yes / No

All information provided by you on this form is treated as strictly confidential and kept in a locked filing cabinet within Communicare.

Signature _____

Date _____