

Program Information

Please print clearly.

Name: _____ Age: _____

Male Female Prefer not to say

Address: _____

Suburb: _____

Post Code: _____

Telephone: Home: _____ Mobile: _____

Email: _____

Do you have additional needs? Yes No

If yes, please describe:

Do you require use of the Crèche if available for this program? Yes No

If yes please complete crèche enrolment form and pay crèche fees with registration.

Do you want to receive information about programs and events at the Darius Wells Library and Resource Centre? Yes No

Program fees must be paid in full at the Darius Wells Library and Resource Centre at least 24 hours before the start of the program.

Program Titles:	Date/s:	Time:	Cost:
1.			\$
2.			\$
3.			\$
			Total \$

Please note that school aged children will not be accepted into programs that are run during school hours.