

Program Information

PLEASE PRINT CLEARLY

Name: _____

Age: _____ Male Female

Email: _____

Phone: _____

Address: _____

Suburb: _____ Postcode: _____

Do you have additional needs?
Yes No

If yes, please describe: _____

Do you require use of the Crèche if available for this program?

If yes please complete crèche enrolment form
and pay crèche fees with registration. Yes No

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.**