

# 2019



CHAMPIONS ACADEMY

## SPRING Holiday Workshops

### Has your child previously studied at Champions Academy?

Section A

**Yes**, Student's Full Name \_\_\_\_\_ (Go to section B)

**No**, please fill in your details below:

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)  Female  Male

My School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode

Parent's Full Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ /  As Above

Emergency Contact Number: \_\_\_\_\_ /  As Above

Section B

### I am attending the following workshop/s:

One week workshop dates:  23 - 26 September  30 September - 4 October

#### Or choose any combination of the following:

<b>23</b> MON	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>24</b> TUE	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>25</b> WED	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>26</b> THU	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>27</b> FRI	<b>Public Holiday</b>
<b>30</b> MON	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>1</b> TUE	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>2</b> WED	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>3</b> THU	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<b>4</b> FRI	<input type="checkbox"/> Full Day or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

### Will you need Extended Care for your child?

**Yes**, please fill in details below  
 **No**

Date   8.30am - 9.30am  
 4.00pm - 5.00pm

Date   8.30am - 9.30am  
 4.00pm - 5.00pm

Date   8.30am - 9.30am  
 4.00pm - 5.00pm

Date   8.30am - 9.30am  
 4.00pm - 5.00pm

#### First Preference:

- Coding & Robotics
- Earth & Universe
- Mind & Strategy

#### Second Preference:

- Coding & Robotics
- Earth & Universe
- Mind & Strategy

If you chose Coding & Robotics, please estimate your child's past experience:

- None
- Some (e.g. Scratch, Lego)
- Very (e.g. Mindstorms EV3, C+, Python)

#### How did you hear about Champions Academy?

- Website
- Academy Brochure
- Walk - In
- Facebook
- Word of Mouth
- Radio
- TV
- Other \_\_\_\_\_

#### Sessions:

**Morning 9:30am to 12:30pm**  
**Afternoon 1:00pm to 4:00pm**

#### Lunch Time:

**30 Minutes (between 12:30pm - 1:00pm)**

Each Morning & Afternoon session includes a 15-min break for snack

• PUPILS ARE ENCOURAGED TO BRING A HEALTHY LUNCH AND SNACK •

**Half Day - \$60**

**Full Day - \$120**

**5 Full-Days Workshops - \$550 (Save 50)**

**Extended Care - \$10\*/hour**

\*We reserve the right to charge extended care at \$10/hr if a child is dropped off more than 20 minutes **before a morning class begins.**

**All fees must be paid in advance for the pupil to officially participate in the workshops. We accept Bank Transfer, PayPal, Credit Card (Mastercard/Visa), Savings or Cheque Account, and Cash as our payment methods.**

## Declaration of Consent

I/We \_\_\_\_\_ (Print full name/s) have lawful authority of the child referred to in this enrolment form and agree to the following:

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Champions Academy in the event of any changes to this information.
- Give permission for my child to attend this programme under the care of Champions Academy tutors.
- Agree to collect or make arrangements for the collection of the child referred to in this form if he/she becomes unwell whilst in the care of Champions Academy.
- Provide consent to the staff of Champions Academy or responsible adult to seek medical treatment, if required, for the child from a medical practitioner, hospital or ambulance service, or anywhere appropriate and agree to reimburse the associated costs incurred.
- Agree to permit Champions Academy to take photographs of my child, and to publish the photographs /work of my child for promotional and marketing purposes.
- Agree to permit Champions Academy to quarantine my child(children) if a communicable disease (infectious persistent cough, persistent sneezing/runny nose, etc.) is identified that would be detrimental to wellbeing of other pupils and our staff.
- Accept the full terms and conditions which can be found at [www.championsacademy.com.au](http://www.championsacademy.com.au)
- By signing this form, I authorise Champions Academy to call 000 on behalf of my child in an emergency.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please return the completed form to:

**Champions Academy**

1/538 Riversdale Road, CAMBERWELL VIC 3124

**P:** (03) 9939 5734

**E:** [admissions@championsacademy.com.au](mailto:admissions@championsacademy.com.au)

**For more information relating to Champions Academy's programmes/workshops, please visit our website:**  
[www.championsacademyinfo.com.au](http://www.championsacademyinfo.com.au)