Intuitive Development Class

Enrolment Form for 2027



This form can be completed Electronically in Acrobat Reader.

Go to: Grey Menu Bar > Click on Tools > Use Fill & Sign to Type your Word entries. Send your completed forms to Erin - siennaartspace@gmail.com . This Enrolment Package has 3 Pages.

Student Information

Full Name			
Address			
Suburb		Postcode	
Mobile		Phone	
Email			
Material or Food allergies? Medical Conditions? Learning Needs>			

In the event that more information is necessary, an informal parental conference will be needed to gain awareness for healthy, safe learning practices for your Child's experiences. Adjustments will be made where possible in the group Studio environment.

Class Enrolment

I am enrolling in Intuitive Development Class

Saturday 12.30 – 2.30 pm ☐

Term 1 2027 ☐ Term 2 2027 ☐ Term 3 2027 ☐ Term 4 2027 ☐

Course Fee: $400 for a 10 week term

Location: Location: Saturdays - Sienna Art Space, 156 Catherine Fields Rd, Catherine Field, NSW (Scout Hall)

I have read and agree to Sienna Art Space's 2027 Terms and Conditions of Enrolment. This can be viewed on the website – www.siennaartspace.com . I give permission for photographs and images of Art and studio participation to be used for promotional purposes on the Sienna website, Sienna Facebook Page and other promotional material.

Signature:		Dated:	

Payment & Submission of Forms

Full upfront payment is required by direct transfer.

Cash will not be accepted. This must be paid before the start of the first class.

Please quote your last name as part of the reference when making your transfer.

Direct Deposit- Sienna Art space BSB: 062185 Account: 10719754

A receipt will be forwarded to you in person on Week 2 of term.

Please forward your Enrolment form via email (siennaartspace@gmail.com)

For Office Use Only

Enrolment Fee – Entered	
Payment Date	
Receipt No #	
Confirmed	

SIENNA
Art Space

FIRST AID EMERGENCY MEDICAL CONSENT FORM

STUDENT DETAILS

Students Full Name			
Address			
Suburb		**Postcode**	
Date of Birth		**Home Phone**	

EMERGENCY CONTACTS –Immediate Family or Care Giver

Contact No 1 : Full Name		**Contact No 2: Full Name**	
Relationship		**Relationship**	
Home Phone		**Home Phone**	
Mobile		**Mobile**	

SIENNA
Art Space

MEDICAL EMERGENCY TREATMENT

I understand that staff members at Sienna Art Space are trained in the basics of First Aid and I authorise them to administer Basic First Aid where needed.

In the event that an Ambulance to Liverpool Hospital is required, I hereby authorise Sienna Art Space staff to seek supervised transport. Early arrival at the Hospital allows for the necessary medical treatment at their preference. These situations are for Serious Incidents.

Family/Carer Contact will be made where necessary for any Concerns (Medical or General Welfare).

I agree to all of the above.

Signature:		**Dated:**	

END OF ENROLMENT FORM 2027

Thank you, with appreciation – I look forward to a Wonderful 2027 Studio Year with you as part of our Space - Erin Kathleen Muir