

Good Life Education Program

3/77 Major Road, Fawkner VIC 3060 | 0411 499 750

ABN:23102683919

 kanderson.edu.au@gmail.com

[www.good-life-edu.com](http://www.good-life-edu.com)

**Good Life Education Policy & Procedures Agreement (2019)**

In order to achieve the best outcomes for your child/ren, we request you read and understand the policies and procedures, then complete the enrolment forms and return them to the coordinator before the first session begins. They can be hand delivered or emailed to: kanderson.edu.au@gmail.com

**Behaviour**

Good behaviour and decent dress code are required at all times. Please ensure children come prepared for the activities wearing comfortable clothing, sports shoes, back packs to carry water bottles, snacks etc.

**Waiver of Responsibility / Disclaimer**

Management will supervise and do everything to keep your child safe at all times. However, we will not be held responsible for any incident or accident that may occur, during, before or after sessions. Nor will we be accountable for any personal property left behind or lost.

**Emergency**

**000 Ambulance will be called if a health emergency arises. Parents or guardians will be notified thereafter.**

**Drop Off and Pick Up**

The drop off and pick venue is the **Community House 95 Major Road (Cnr Edwards) Fawkner.**

Notification will be given in advance if we plan to use a different place/venue for activities.

Parents and carers are requested to be on time to drop off and pick up their children. They must notify the coordinator if they will be late, or if the child will be absent and not attending the session.

Being late for pick up may incur a surcharge, so please be on time.

**Changes to Activity Schedule**

The scheduled activities may change at the discretion of the coordinator depending on circumstances prevailing at the time. The coordinator will notify parents if any major changes are to take place.

**Payments**

Payments must be made before attending the session to secure your booking. This can be done online at our website www.good-life-edu.com or paid in cash prior to the session. Money transfers can be made to the following account:

K. Anderson

BSB: 063527

Account: 10320032

Please notify me when you have made you payment for verification.

**Costs**

Every Good Life Program session is capped at $15 and runs for 2 hours. Extra costs may be incurred for entrance fees to venues, transport, camps etc. Notification will be given prior to these events.

**Cancellations, Refunds and Discounts**

Parents who wish to cancel the enrolment may do so at any time. Management reserves the right to cancel a registration if deemed necessary.

Unfortunately, we are unable to give refunds or discounts, so please take this into consideration before booking.

**Volunteering**

Good Life Education Programs are providing a service to the community. In order to remain viable and sustainable we need your support and invite mothers and teenage girls to become volunteers. It’s a satisfying experience and lots of fun. Please contact me if you are interested.

Thank you for supporting the Good Life Program. We hope your child and family will benefit greatly from the experience.

Feel free to contact me if you have any questions or feedback.

Sincerely,

Khadeejah Anderson

Founder & Coordinator

**ENROLMENT FORM**

Details and information are kept confidential.

**STUDENT INFORMATION (Confidential)**

|  |  |
| --- | --- |
| First Name:  | Last Name:  |
| Birth Date: Age: | Year Level: |
| Street Address: |  |  |
| Suburb:  | State:  | Postcode:  |

**PARENT/GUARDIAN INFORMATION**

|  |
| --- |
|  PARENT / GUARDIAN |
| First Name: |
| Last Name: |
| Street Address: |
| Suburb: Postcode: |
| Home & Mobile Phone: |
| Email: |

|  |
| --- |
| **EMERGENCY CONTACT**Full Name: |
| Phone: |
| Relationship to Child: |

 **MEDICAL INFORMATION**

|  |
| --- |
| Does your child have any medical conditions, allergies or health related needs? Yes / No If yes, then please provide details eg. diabetes, asthma, anaphylaxis etc  |

*I have read the Good LIFE Education Policy Agreement above and agree to follow it.*

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_