

# Sienna Art Space · Art School & Holistic Arts ·

www.siennaartspace.com

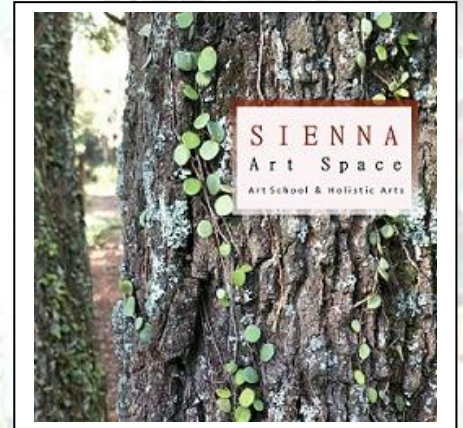
## Daytime & Evening Drawing & Painting Studio Adults Enrolment Form for 2020

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's Information

Full Name	
D.O.B	

### Contact Information

Address			
Suburb		Postcode	
Mobile		Phone	
Email			
Material or Food allergies ? Medical Conditions ? Learning Needs ?	In the event that more information is necessary, an informal conference will be needed to gain awareness for healthy, safe learning practices for your experiences. Adjustments will be made where possible in the group Studio environment.		

### Class Enrolment

I am enrolling in:

Monday 6.30 – 9pm ☐ Monday 9 – 11.30pm ☐

Term 1 2020 ☐ Term 2 2020 ☐ Term 3 2020 ☐ Term 4 2020 ☐

Course Fee: \$420 for a 10 week term (New 2.5 hours duration)

Location: Sienna Art Space, 526 Hume Highway, Casula, NSW, 2170.

I have read and agree to Sienna Art Space's 2020 Terms and Conditions of Enrolment. I give permission for Staff to use photographs and images of Art and my studio participation for promotional purposes on the Sienna website, Sienna Facebook Page and other promotional material.

Parent/Guardian Signature:		Dated:	
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### Payment & Submission of Forms



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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](mailto:siennaartspace@gmail.com))

## For Office Use only

Enrollment Fee - Entered	
Payment Date	
Receipt #	
Confirmed	

S I E N N A  
A r t S p a c e

## FIRST AID EMERGENCY MEDICAL CONSENT FORM

### STUDENT DETAILS

Students Full Name			
Address			
Suburb		Postcode	
Date of Birth		Home Phone	

### EMERGENCY CONTACTS – Guardians or Immediate Family or CareGiver

*Please list two contacts.*

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



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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.

I understand that contact to Family Support Network as indicated in instances of required care and concern for the welfare of you as an individual and other Studio participants.

I authorise Sienna Art Space staff to seek Supervised transport by Ambulance to Liverpool Hospital. Early arrival at the Hospital allows for your Support Network to then support you through the necessary medical treatment at your preference. These situations are for Serious Incidents.

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

For those aged 16 – 18years, Parental-Guardian Contact will be made as indicated by students upon Enrolment.

I agree to all of the above.

Parent/Guardian Signature:		Dated:	
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## END OF ENROLMENT FORM 2020

*Thank you, with appreciation – I look forward to a Wonderful 2020 Studio Year  
with you as part of our Space.*

*Erin Kathleen Muir*