NEW ENGLAND CONSERVATORIUM of MUSIC

2017 MINI MINSTRELS ENROLMENT

Steps 1-6 MUST be completed before enrolment can be processed.

Step 1: Parent/Guardian Details Family ID number:
Parent/Guardian No 1
SurnameGiven Name
Address
MobileTel
Email
Parent/Guardian No 2 SurnameGiven Name
☐ As Above or:
Address
Mobile Tel
Email
Postal & Email Address of person responsible for fee payment: □ Parent/Guardian 1 OR □ Parent/Guardian 2 OR □ As below:
Step 2: Student Details Student ID number:
Surname1st Name
☐ Female ☐ Male Date of BirthAge (years) Class for Enrolment:
Pre-School Class: ☐ Babes ☐ 1 Year Class ☐ 2 Year Class
☐ 3 Year Class ☐ 4 Year Class ☐ Family Class
On: Day Time
Health Information: The student has a medical condition/s that may require medical attention/ supervision during classes:
Additional Demographic Information (optional) ■ Is the student of Aboriginal/Torres Strait descent? Yes □ No □ ■ Is English their 2 nd language? Yes □ No □
Step 4: Payment Options
☐ I have checked the Fee Pay Options and payment dates on the Information Form, and will pay the Term Fee by the following payment option & due date
☐ Early Bird Discount Fee – by 5pm Friday <u>before</u> term starts

☐ Standard Fee – by 5pm Friday of Week 3 of the term	
O \$115 for 30 minute pre-school classes	
• \$130 for 45 minute pre-school classes	
OR Late Payment Fee - after 5pm Friday of Week 3 of the to \$150 for 30 minute pre-school classes \$165 for 45 minute pre-school classes Family payment plan – I have agreed on an individual in payment plan with NECOM administration	
I will make payment by:	
☐ Mail: Cheque or money order made out to 'NECOM Ltd' student name written on the back for reference to NECOM 1313, Armidale NSW 2350 ☐ Direct Transfer: BSB 932000 & A/C 694170 (full stude reference) ☐ Cash: In person only at NECOM Office ☐ Telephone: 02 6788 2135 (Credit card only)	1, PO Box
☐ Credit Card	
Cardholder Name:	
Signature: Expiry Date/ CC	V
Step 5: Enrolment Requirements	
☐ I have read and will uphold the Enrolment Terms & coincluding class attendance, absence/cancellation policy. ☐ I have read and will uphold the Fee Payment Terms & Cincluding payment options, refunds/cancellation notification I understand enrolment is for the full year unless I give notice to cancel my enrolment 4 weeks before the start of ☐ I understand that NECOM may take and use photograph videos of activities & participants for promotional & archive purposes.	onditions, on. written the term. ny or
Signed Parent/Guardian No 1	
Date	
Date Signed Parent/Guardian No 2	
Signed Parent/Guardian No 2	

Step 6: Return your 2017 Enrolment and Fee Payment:

By mail:

NECOM, PO Box 1313, Armidale NSW 2350

In person:

NECOM, Level 1, CB Newling Building (Old Teachers College) Cnr Mossman & Faulkner Streets, Armidale, 2350

> 2017 Office Opening Hours during School Term Monday, Wednesday, Thursday 9am-5pm Tuesday 9am-6pm, Friday 9am-4pm

