

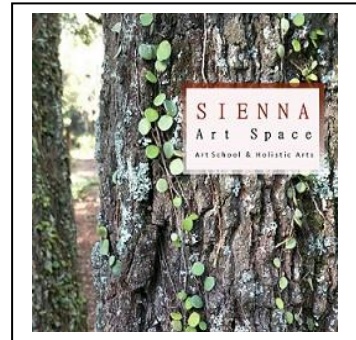
**Studio Juniors**

**Drawing & Painting**

**4 – 6 yrs**

**Enrolment Form for 2026**

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.



**Child's Information**

Full Name	
Age	
D.O.B	

**Parent / Carer 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 my son/daughter in Studio Juniors:

Saturday 9 – 10.30am  Saturday 3.30 – 5pm

Term 1 2026  Term 2 2026  Term 3 2026  Term 4 2026

Course Fee: \$260 for a 10 week term (New 1.5hours duration)

Location: TBA

I have read and agree to Sienna Art Space's 2019 Terms and Conditions of Enrolment. I give permission for my son/daughter to be photographed and images of Art and studio participation to be used 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**

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	



**FIRST AID EMERGENCY MEDICAL CONSENT FORM**

**STUDENT DETAILS**

Students Full Name			
Address			
Suburb		Postcode	
Date of Birth		Home Phone	

**EMERGENCY CONTACTS – Guardians or Immeditate Family or CareGiver**

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



**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 for my child Basic First Aid where needed.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_ (Child's Full Name).

However, if I cannot be reached I hereby authorise Sienna Art Space staff to seek Supervised transport for my child by Ambulance to Liverpool Hospital. Early arrival at the Hospital allows for Parent/Guardians to then secure for their child the necessary medical treatment at their preference. These situations are for Serious Incidents.

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

I agree to all of the above.

Parent / Guardian Signature:		Dated:	
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END OF ENROLMENT FORM 2026

**Thank you, with appreciation – I look forward to a Wonderful 2026 Studio Year with you as part of our Space - Erin Kathleen Muir**