

## CHi Kinesiology

	MENT FORM					
Date		ı	Name			
Phone		ļ	Email			
Address						
	y name and phone	number				
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COURS	E ENROLLING	IN: (SELI	ECT) ———			
Level <sup>-</sup>	Saturday Class 2	)22 - MIDDL	E PARK Campus-	CLASS IS FULL		
Level	Friday Class 2022	- SOMERVI	LLE Campus			
Tell me	a bit about you (for	example: you	ur family situation, v	vhat you do, why you	ı want to study Kine	siology)
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## **ENROLMENT FORM**

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Is there anyth	ing else about you that you would like me to know?	
Comments		
Select payme	ent option	
OPTION 1	You can pay in FULL upon enrolment and receive a 10% DISCOUNT.	
OI HOW I	(Please note: you only pay for the level you are enrolling in, not all levels at once).	
OPTION 2	You are invoiced and pay for your units as you receive them, which is \$660/month during the school year.	
OPTION 3	You can go on a payment plan of \$440/month. You will be signed up to a direct debit agreement for this.	
	e classes are recorded for learning purposes and demonstrations will be uploaded	
	rning Platform where only members of your class will have access. Videos will not by any other students. They will not be distributed or used for any purpose other that	
your classmate	es to study. You have the right to refuse to be recorded. Videos that you appear in	will be
=	r request if you don't want them to be used. We respect everybody's right to feel sa Please sign here if you agree to these terms.	afe and
Signature	Name	
	rolment form to <u>nicole@chikinesiology.com.au</u> and we will hold a place for you	

your first payment to confirm your enrolment.