

Circus Unique

The Children's Theatrical Circus

Established 1997

**A unique team building experience of fun and learning in a stimulating atmosphere.
Ideal for students who enjoy physical activities & performing.**

October School Holidays 2011 – Glebe

Tweens

Dates: Tuesday 4 to Friday 7 October

Ages: 10-13 years Times: 12.30 - 2.30pm Cost: \$132

Program: An ideal opportunity for students who are keen to advance existing skills in tumbling and acrobatics on the new air gym and/or aerials, trampoline, unicycling or strap on stilt walking. Please indicate preferences at time of enrolling.

Four Day Circus & Aerial Theatrics

Dates: Tuesday 4 to Friday 7 October

Ages: 7-8 years & 8-12 years Times: 9.30am – 2.00pm

Cost: \$264 or pay by 6 September 2011 and receive a 10% discount = \$237.60

Program: Fun, challenging, confidence-building. Ideal for students keen to be challenged with skills (including the new air gym), to work individually on skills presented and as a team for the finale presentation for parents & friends: Friday 1.30pm on 7 October. Also ideal for students looking at joining after school and for students who have participated in holidays previously.

Extended Hours for Working Parents: Drop off 9.15pm. Students can stay on site up until 3.30pm - just sign in & pay \$22 on the day. Activities will include a journal of each day, making juggling balls, games & more.

Discounts:

Current after school students enrolling in the 4-day holiday workshop receive a 20% discount.

Holidays: 10% discount available for full payment made 30 days in advance for the 4-day workshop.

After school: 10% discount available for full payment made 30 days in advance for after school classes.

Enrolment and Payment Details:

To SECURE a place for your child/ren:

1. Ring Circus Unique on 0402 020 498 with any queries and to check available places;
2. Circus Unique operates on a first in first serve basis. To secure place/s for your child/ren either take advantage of the discount period OR make full payment for the holiday workshops *and/or* a deposit of \$55 for after school with the balance to be paid on commencement;
3. Payment can be made either electronically to Circus Unique BSB 802084 : A/C No. 78984 with the child's surname as the reference OR post cheque/MO to PO Box 1050 Rozelle 2039;
4. No places are available on day of commencement nor will payment be accepted.

Address Details: Trixie Forest Centre, St Scholastica's College, Cnr Avenue & Arcadia Rds, Glebe Pt

Instructor:student ratio approx 1:6 approx for all classes

After School 2011 – The Children's Circus – Glebe

A fun and unique team building experience – students progress with age-appropriate skills each week and increase strength and flexibility, meet new friends, conquer fears such as heights or performing in front of an audience, improve coordination, balance and concentration in classes designed to be safe, exciting and rewarding for every student! Students are challenged with skills dependent upon their background and celebrate their achievements in our annual production. Acrobatic skills include forward / backward / dive rolls, kick to handstand, cartwheels, round offs and for the more experienced student aerial somersaults, cartwheel snap downs, forward / backward walkovers, back flips and hand springs.

Circus & Aerial Skills : Tuesdays from 18 October : 8-week term

6 to 8 years: 4.15-5.15pm: \$176 : *introductory & beyond the basics*

8 to 12 years: 5.15-6.45pm: \$242 : *introductory & beyond the basics*

10 to 15 years: 5.45 to 7.00pm: \$220 : *beyond the basics & experienced*

Private tuition: \$88/hour OR in groups of 4: \$22 to \$44 each for 30-60 mins

Guidelines for parents and carers:

- Receipt of payment on a first-in first serve basis secures the place for your child/ren. Refunds are only available less administration fees if your child has an injury or is sick on the first day of our holiday workshops. Transfers can be made to another holiday or term program.
- Students to bring a water bottle to all classes, to eat nutritious food prior to after school or to bring morning tea & lunch for holiday workshops.
- Shorts, tracksuits, stretch pants and runners are ideal for classes. Remove all jewellery prior to classes please.
- **All students need to be dropped off and collected from the gym hall.** Ideal arrival time is 5 to 10 minutes prior to commencement time as all classes start promptly.
- Circus Unique's mobile number is 'on' during workshops if you need to call us.
- If a student's behaviour is affecting other students and it is not resolved within a short time then parents are notified. Please discuss any behavioral patterns **prior** to enrolling.
- For safety reasons non-participating children are not allowed on the equipment. Any photography can be taken after class or during the 'presentation/display of skills'.
- Circus Unique reserves the right to change times and dates to ensure appropriate class size.

Thank you, we sincerely appreciate your support!

PO Box 1050
Rozelle 2039

Telephone:
(02) 9810 6090
Mobile:
0402 020 498
Website:
www.circusunique.com.au
Email:
events@circusunique.com.au

1. Enrolment Details: I, _____ (full name of parent)

enrol my child/ren in:

<input type="checkbox"/> After School Term 4	<input type="checkbox"/> October School Holidays
<input type="checkbox"/> 6 - 8 yrs <input type="checkbox"/> 8-12 yrs <input type="checkbox"/> 10-15 yrs <input type="checkbox"/> Private or groups of 4	<input type="checkbox"/> Tweens: 10-13 yrs <input type="checkbox"/> Four Day Circus Theatrics: 7-8 yrs & 8-12 yrs <input type="checkbox"/> Yes - I will take advantage of the extended hours. <input type="checkbox"/> No - I don't require extended hours. <input type="checkbox"/> Unsure – I will let you know on the day.
<input type="checkbox"/> <i>Confirmation – tick here if you require acknowledgement of receipt of payment by email or SMS.</i>	

Office Use Only:

Cost: \$ _____
 Deposit: \$ _____
 Paid on: ___ / ___ / ___
 Cash / Cheque / M O / Elect
 Final payment: \$ _____
 Paid on: ___ / ___ / ___
 Cash / Cheque / M O / Elect

2. Participant's Personal & Contact Details:

Christian Name: _____ M / F (please circle) Age: ___ DoB: _____
 Christian Name: _____ M / F (please circle) Age: ___ DoB: _____
 Surname: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Home Ph: _____ Wk: _____
 Mob: _____ Email: _____
 Contact Name (in case of an emergency): _____
 Phone (if different to above): _____ Mob: _____

3. Previous and Current Experience: (ie. gym, dance, circus, martial arts etc)

4. Reason for Enrolling:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Improve co-ordination & balance | <input type="checkbox"/> Improve strength & flexibility | <input type="checkbox"/> Fun & friendships |
| <input type="checkbox"/> Personal development | <input type="checkbox"/> Physical & creative expression | <input type="checkbox"/> Confidence in performing | <input type="checkbox"/> Career |
| <input type="checkbox"/> Improve team skills | <input type="checkbox"/> Other - details required: _____ | | |

5. If enrolling in the after school program is there a particular skill that you would like your child to master first?

6. Health Details: are there any medical conditions, allergies, disabilities or use of any medication that may affect your child/ren's participation. If so, please provide details:

7. How did you find out about us? Please tick/specify:

- | | | | |
|------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friends | <input type="checkbox"/> Been before | <input type="checkbox"/> Sydney's Child |
| <input type="checkbox"/> TV | <input type="checkbox"/> School notice board | <input type="checkbox"/> Internet | <input type="checkbox"/> Other: _____ |

8. Assistance: if enrolling child/ren in afterschool are you available to assist instructors or office with any small jobs? Yes / No

9. Your Permission: I agree and give permission for my child/ren to attend and participate in Circus Unique workshops and related activities such as photographic shoots, television productions and indoor/outdoor events and in doing so will release and indemnify Performance Extra P/L trading as Circus Unique, its instructors or volunteers, St Scholastica's College, and other associated organisations from any liability whatsoever arising from such participation, any loss of property and/or accident. I also give permission for medical/ambulance assistance in case of emergency (where it is impracticable to communicate with me) and I agree to pay such costs incurred. I take full responsibility for my child/ren and understand and agree to the Guidelines as set out on previous page.

I have made payment on (date) _____ of \$ _____ by Cash Cheque/money order Electronic

Fees and enrolment forms are required to be completed and returned prior to commencement.

Signed: _____ Date: _____
 (Parent or guardian over 18 years of age)

PO Box 1050
Rozelle 2039

Telephone: 9810 6090
Mobile: 0402 020 498
Email:
events@circusunique.com.au

1. Parent's Name: I, _____ enrol my child/ren in:

<input type="checkbox"/> After School Term 4	<input type="checkbox"/> October School Holidays
<input type="checkbox"/> 6 - 8 yrs <input type="checkbox"/> 8 - 12 yrs <input type="checkbox"/> 10 - 15 yrs <input type="checkbox"/> Private or groups of 2 to 4	<input type="checkbox"/> Tweens: 10-13 yrs <input type="checkbox"/> Four Day Circus Theatrics: 7-8 yrs & 8-12 yrs <input type="checkbox"/> <i>Yes - I will take advantage of the extended hours.</i> <input type="checkbox"/> <i>No - I don't require extended hours.</i> <input type="checkbox"/> <i>Unsure – I will let you know on the day.</i>
<input type="checkbox"/> <i>Confirmation – tick here if you require acknowledgement of receipt of payment by email or SMS.</i>	

Office Use Only:

Cost: \$ _____
 Deposit: \$ _____
 Paid on: ___ / ___ / ___
Cash / Cheque / MO / Elect
 Final payment: \$ _____
 Paid on: ___ / ___ / ___
Cash / Cheque / MO / Elect

2. Participant's Personal & Contact Details:

Name: _____ M / F (please circle) Age: _ DoB: _____
 Name: _____ M / F (please circle) Age: _ DoB: _____
 Mob: _____ Email: _____
 Contact Name (in case of an emergency) & Mobile: _____

FILL OUT details below if information has changed since last term:

Address: _____
 Home Ph: _____ Wk: _____

3. **Health Details:** are there any NEW health conditions that may affect your child/ren's participation? If so, please give the details:

4. **Is there a particular skill that you would like your child to master first?** _____

5. **Your Permission:** I agree and give permission for my child/ren to attend and participate in Circus Unique workshops and related activities such as photographic shoots, television productions and indoor/outdoor events and in doing so will release and indemnify Performance Extra P/L trading as Circus Unique, its instructors or volunteers, St Scholastica's College, and other associated organisations from any liability whatsoever arising from such participation, any loss of property and/or accident. I also give permission for medical/ambulance assistance in case of emergency (where it is impracticable to communicate with me) and I agree to pay such costs incurred. I take full responsibility for my child/ren and understand and agree to the Guidelines as set out.

Signed: _____ Date: _____
 (Parent or guardian over 18 years of age)