

REGISTRATION FORM

Kidskills

Name: _____

Address: _____

Date of Birth: _____

Parents Name: _____

Daytime Phone: _____

Referred By: _____

Please circle:

a) Kidskills

b) Additional Support - 1 hour
- 2 hour group session

Please mail registration form to:
Suite 301 Level 3, 84 Pitt St Sydney NSW 2000

You can also forward your credit card details.

Visa MasterCard Bankcard

Amount charged to your card: \$ _____

Card Number:

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Expiry Date: _____

Name: _____

Signature: _____

Date: _____

If you require more information, please contact
Solution Focus Psychology on 9223 6660.