



Early Learning through Music

Musical Child Enrolment Form Term _ 201_

- Last Name of Parent/Carer -----
- First Name of Parent/Carer-----
- Phone contact(s) -----
- Email -----
- Postal address-----
- Postcode-----
- Name(s) of child(ren) -----
- Dates(s) of birth ----- Age(s) at enrolment-----
- Any special advice about the child? -----
- Any musical family members? -----
- Venue: (Please tick one box)
 BROMPTON COMMUNITY CENTRE UNLEY – LATIN DANCE NATION
 SEMAPHORE UNITING CHURCH HALL
- Day of the Week: ----- Time:-----
- How did you find out about Musical Child? -----
- I (or my proxy) agree to attend and stay with the child(ren) for the duration of the sessions.
- I do / do not give permission for my child to be photographed, recorded or filmed. I understand that the sound/images may be used as research data or in publicity or publications and that my child's name will not appear. (Please tick one box)
- Signed:----- Today's date: -----
- **Cash or cheque:** to your Music Educator
- **Cheque or Money Order:** payable to Musical Child, 32 Military Road, Semaphore South, 5019
- **Credit card payment:** please make your payment through the website store at www.musicalchild.com.au.
- **Direct Credit: Bank BSB** 805-023, **Account No.** 04186375 **Account Name** Musical Child
Payment Reference-- child's first name and class location
 (e.g. SashaGoodwood, BenSemaphore etc)

Office use only

AMOUNT	
PAY REC.DATE	
METHOD	
INVOICE NO.	
ENTERED ON ROLL?	